



NEW  
HAMPSHIRE



# Annual Progress and Services Review 2020

Division for Children, Youth and Families  
Department of Health and Human Services  
June 30, 2021



**DHHS Mission Statement:** To join communities and families in providing opportunities for citizens to achieve health and independence.



NH Department of Health & Human Services  
Division for Children, Youth & Families



Lori A. Shibinette  
Commissioner

Joseph E. Ribsam, Jr.  
Director

**STATE OF NEW HAMPSHIRE**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

***DIVISION FOR CHILDREN, YOUTH & FAMILIES***

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June 30, 2021

Mark Dalton, Child Welfare Specialist Administration for Children and Families: Region I  
U.S. Department of Health and Human Services JFK Building - 20th Floor  
Boston, MA 02203

Dear Mr. Dalton:

On behalf of the New Hampshire Division for Children, Youth and Families, I am pleased to provide you with the Division for Children, Youth and Families' Second Annual Progress and Services Report (APSR) for the 2020-2024 Child and Family Services Plan, (CFSP). The CFSP was based on the outcomes of the 2018 Child and Family Services Review, internal Case Practice Reviews, analysis of state data resources, feedback from staff, youth and families, a variety of community stakeholders, and providers. In addition, the agency's strategic planning efforts led to the identification of strategic priorities to align all programs, initiatives and improvement activities to strengthen the child welfare system in NH.

This APSR provides updates and accomplishments as well as initiatives outlined for the first year of the implementation of the 2020-2024 CFSP. The CFSP and subsequent APSRs are available to view electronically through the following link: <http://www.dhhs.nh.gov/dcyf/publications.htm>

The Division views the Child and Family Services Plan as a guide to help the agency, partners and stakeholders look at the totality of our work, where we aim to be in five years, and how we will know we are making progress.

If you have any questions, please contact Jessica Clark, CFSR Coordinator, at (603) 271-4451.

Thank you for your ongoing support for this and other New Hampshire Division for Children, Youth and Families' family-centered initiatives.

Sincerely,

Joseph E. Ribsam, Jr. Director  
DCYF

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## INTRODUCTION

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DCYF is engaged in a transformative journey that has advanced the agency's progress with the 2020-2024 Child and Family Services Plan goals. Progress has not been achieved solely through the efforts of the agency but rather in partnership with key stakeholders whom have joined in meaningful discussion and activity across the entire child welfare system.

As stated in the CFSP, the Division goals are centered around building workforce capacity, increasing cross-systems collaboration within the Department of Health and Human Services, other state agencies, community organizations, and judicial stakeholders. In addition, there was recognition that investment in the enhancement of service array and continuum of care for New Hampshire families was critical to the development and provision of a broader array of services.

DCYF has embarked on an unprecedented redesign of many of the foundational structures and supports of the child and family serving system this past year. In October 2019, to improve transparency DCYF published its first annual data book, and then finalized and began publically sharing its strategic priorities for SFY20-21. The Strategic Priorities identify five key priority areas, and for each priority: a goal statement; a set of strategies; and a set of activities to support each strategy. These priorities build upon and incorporate the planning for implementing the various federal plans, the State Fiscal year (SFY) 2020-2021 budget, as well as state and federal legislative changes.

The Strategic Priorities focus on five priority areas, each of which represent a different foundational aspect of DCYF's role in the broader child and family serving system. The five priorities areas and associated goal statements are as follows:

- 1. Organizational Development**

Invest in our organization to develop and retain excellent staff and build our capacity to improve outcomes for children, youth and families.

- 2. Service Array Development**

Provide the right service to the right children, youth and families at the right time

- 3. Safety and Risk**

Ensure safety and risk are paramount to every decision made to mitigate risk of harm, threats of danger, maltreatment and recidivism

#### **4. Partnerships**

Ensure safety and risk are paramount to every decision made to mitigate risk of harm, threats of danger, maltreatment and recidivism

#### **5. Engagement & Lifelong Connections**

Strengthen DCYF's engagement with parents, relatives, resource families, and lifelong connections to ensure all children and youth achieve timely permanency.

In response to the Round 3 Child and Family Services Review (CFSR) in 2018, the Division has embraced the opportunity to advocate for the systemic changes that will support a well-functioning child welfare system. This has included requests for more personnel in both field and programmatic positions (many of these were funded in the SFY 2020-2021 state budget including CPSW, Supervisor, nurses, and various program specialist positions), extending foster care from age eighteen to age twenty-one (HB550 which extends foster care to age 21 and extends eligibility for Chafee funds from age 21 to 23 was Signed by Governor Sununu on 07/10/2019; effective on 09/08/2019), and supporting a preventative service program and enhanced service array that will influence the development of a system of care (an RFP is currently active to establish this service array that aims to ensure the right children receive the right services at the right time.) DCYF looks forward to continuing the work in the next four years, set forth in the *2020-2024 Child and Family Services Plan*.

## SECTION 1A: GENERAL INFORMATION

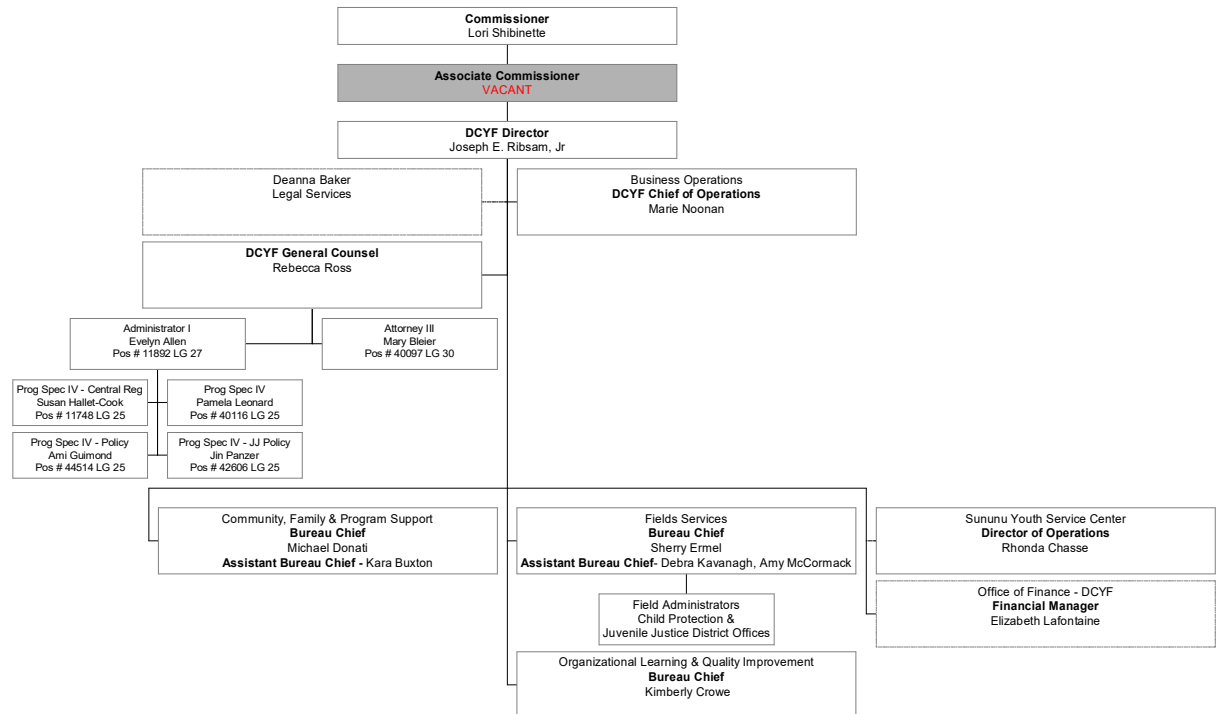
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### **Division for Children, Youth and Families' Mission and Vision Statement.**

DCYF maintains a collaborative vision known as the Practice Model, established in 2016 by a representative group of DCYF employees, youth, and parent partners. The Practice Model Design Team decided that the Practice Model itself would serve as the Division's vision and this remains true. The Practice Model, through its Beliefs and Guiding Principles, defines how the Division should perform across all disciplines. It acts as inspiration and guides practice and decision-making.

The Division for Children, Youth and Families' mission is "to join communities and families in providing opportunities for citizens to achieve health and independence." DCYF advances this mission through its commitment to incorporating diverse disciplines working towards common goals for children, youth and families involved with the agency in New Hampshire. DCYF believes that the business of child welfare is the responsibility of many partners, and not just DCYF and therefore collaborates with families and communities to provide resources and supports that lead to independence (reduced recidivism) and to the safety and healthy development of children, youth, and the communities in which they live.

## Organizational Chart for the Division



Updated 4/30/2021

Note: The Bureau of Organizational Learning and Quality Improvement is now two speicalized bureaus as noted below, the Bureau of Evaluation, Analytics and Reporting, and the Bureau of Professional and Strategic Development.

## State Agency Administering the Programs

New Hampshire's public response to the safety, permanency, and well-being of children is framed in the New Hampshire Human Services Statute ([RSA 161-2, II](#)), which imbues the Department of Health and Human Services (DHHS) with the responsibility for Child Welfare Services. This law mandates that New Hampshire's Department of Health and Human Services develop and administer the State's child welfare activities, inclusive of child protection and Juvenile delinquency. The New Hampshire Department of Health and Human Services has designated the Division for Children, Youth and Families (DCYF) as the State agency to act on the Department's behalf and be responsible for Title IV-B programs under this plan.

The Division for Children, Youth and Families operates as a distinct division under the administration of the New Hampshire Department of Health and Human Services, with the



Division Director reporting directly to the DHHS Associate Commissioner. DCYF is organized into six bureaus/entities, including:

- The **Bureau of Field Services**: that has the authority and responsibility to provide direct Child Protective and Juvenile Justice case management to children, youth, and families, to address child abuse and neglect, delinquency, and Children in Need of Services (CHINS). This Bureau also provides voluntary services for families served through either child protection or juvenile justice services;
- The **Bureau of Community, Family, and Program Support**: that has the authority and responsibility to manage ancillary programs for children, youth, and families that facilitate safety, permanency, and well-being. This Bureau oversees all Title IV-B programs;
- The **Bureau of Research, Evaluation and Reporting**: which has the authority and responsibility for research, evaluation and data management for the Division. This Bureau is responsible for conducting various quality assurance activities across the Division, implementation, evaluation, and federal reporting for the Child and Family Services Plan, and Program Improvement Plan.
- The **Bureau of Professional and Strategic Development**: that has the authority and responsibility to manage staff and provider initial and ongoing training, internships and staff ongoing professional development. This Bureau also oversees investigations involving concerns for abuse or neglect of children in foster care or residential care; oversight and coaching for staff who manage NH's highest risk assessments, as well as implementation science, most recently for Family First;
- **General Counsel**: that has the authority and responsibility to provide in-house legal counsel to the Division, be the Legislative Liaison for the Division, and oversee the policy and administrative rulemaking processes for the Division.
- The **Bureau of Information Systems**: that has the authority and responsibility to oversee and enhance the Comprehensive Child Welfare Information System used by the Division. This Bureau is also responsible for implementation and oversight of the Federal Data Quality Plan; and
- The **Sununu Youth Services Center**: that has the authority and responsibility to operate and provide direct services at the secure residential treatment facility for short-term detention as well as commitment of youth involved with the NH court system.

Division staff are located in the administrative State Office, the Sununu Youth Services Center Campus, one Central Intake Unit, and eleven district offices located throughout New Hampshire's

ten counties. Through a collaborative organizational structure, all bureaus of the Division work together to implement Title IV-B programs. While the Bureau of Field Services completes the majority of the direct work with children, youth, and families, all bureaus of the Division work in partnership to support the staff who work directly with the children, youth, and families.

## SECTION 1B: COLLABORATION

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### Collaboration with Child Welfare Systems Transformation (CWST)

The *New Hampshire Child Welfare Systems Transformation* is an initiative in response to the *Division for Children, Youth and Families (DCYF) Independent Report* published December 2016. An integral part of the CWST is a group of dedicated stakeholders, an Interagency Team (IAT), who have joined with the Department of Health and Human Services to collectively work toward the transformation of the State of New Hampshire's child welfare system.

DCYF established the Child Welfare System Transformation Interagency Team which kicked off in October 2017. The IAT consisted of more than 30 key system stakeholders, including the courts, educators, CASA, legislators, parents, foster/adoptive parents, DCYF direct care staff, providers, advocates, and many others. This Interagency Team met almost every month to share what was being learned about the system and discuss approaches to foundationally rebuild the child and family serving system.

To bolster the transformation efforts the Interagency Team and DCYF engaged with key legislators and key stakeholders through regular committee meetings, through a fact finding trip to New Jersey in July 2018 to learn about their child welfare transformation, through a large two-day conference for interested legislators and stakeholders in October of 2018, and through a large provider focused conference in February 2019.

In the late Fall of 2019 this group stopped meeting with the intent to allow for a restart with the concept to support the work of the larger child welfare system (community and DHHS).

Governor Sununu's signing of the budget in September 2019 accelerated the State's ability to invest in an unprecedented redesign of many of the foundational structures and supports of the child and family serving system. In October 2019, to improve transparency DCYF published its first annual data book to increase transparency. Looking toward the foundational needs of the system, new federal and state expectations, and priorities identified by our staff and stakeholders, DCYF developed strategic priorities for SFY20-21, and began sharing them with our staff, and key stakeholders in October 2019.

The CWST Interagency Team resumed meeting in February 2020 under the leadership of DHHS Associate Commissioners and the Deputy Commissioner from the Department of Education. The IAT has made a commitment to lead and support the efforts to transform child welfare in NH. This commitment rests in the hands of many cross-sector organizations that are dedicated and fully engaged. These organizations are intent on fulfilling their commitment to families by addressing service needs, and supporting a sustainable and healthy child welfare system noted by positive outcomes for families and children in NH. The next meeting of the IAT is scheduled for June 9, 2020.

The COVID-19 pandemic has temporarily suspended the ability of the IAT to convene however the early success of transformation efforts were evident in the response of stakeholders, providers, community based organizations and human service leaders, to the needs of and supports for NH children, youth and families during this time.

DCYF's goal for SFY20/21 is to continue to focus energy to enhance partnerships to create a broader child welfare system where DCYF and other state and community partners collaborate and share responsibility for child safety and well-being.

### **Collaboration with Office of Child Advocate (OCA)**

In 2018, the office was operationalized when the elected Governor appointed Dr. Moira O'Neill as the first Director of the agency. Since that time, the Division for Children, Youth and Families (DCYF) and the Office of the Child Advocate (OCA) have established a professional working relationship and a shared understanding of one another's roles, responsibilities, and needs. Examples of ways in which we have continued such efforts are as follows:

- Upon operationalization of the Office of the Child Advocate, DCYF administration and the OCA have continued to meet most months on a relatively consistent basis.
- The Office of the Child Advocate employees have direct contact and communication with administrators, program specialist, supervisors, and field staff as a way for them to gather additional information regarding DCYF policy, practice, case management activities and decision making.
- The Office of Child Advocate works with District Office Teams regarding any case specific inquiries. They include the Constituent Relations Program Specialists on their correspondence.
- In February 2020 and August 2020, DCYF filled two new program specialist positions in which the individuals roles and responsibilities are to assess and respond to constituent inquiries. The official position is referred to as the Constituent Relations Program

Specialist. The Constituent Relations Program Specialists schedule quarterly meetings with OCA staff to ensure ongoing collaboration and communication with DCYF.

- The OCA directs inquires regarding larger systems issues to Constituent Relations, seeking their assistance in collecting information.
- The Office of the Child Advocate continues to regularly attend monthly QA Case Specific Review meetings held by DCYF to conduct internal quality reviews.
- The OCA has continued to facilitate their “System of Learning” (SLR) meetings. A variety of DCYF employees who are connected to the case and/or the District Office have participated: administrators, supervisors, field workers, and clinicians from SYSC are a few examples of likely participants. In addition, the OCA hosted and DCYF participated in an SLR with Maine Child Protection as both systems had a history of involvement with the family.
- During this reporting period the OCA has continued their work with DCYF and Children’s Behavioral Health in support of monitoring children in out of home placement to ensure their wellbeing following an incident of seclusion or restrain.
- The legislature asked the Office of Child Advocate to convene a group on Juvenile Justice. In early 2019 the Child Advocate’s Working Group on Juvenile Justice was created. This group has been convening once a month to discuss different aspects of the Juvenile justice system. The group is multidisciplinary and has attendance from DCYF in the form of administrators, a supervisor, JPPO, and SYSC staff. Through the process, several sub-committees were formed to discuss the following issues and included even more DCYF staff: Safety, Staff Innovation & Leadership Opportunities, Finance, Status of Children, Community-based Services, Data, Process & Procedure.
- The Division for Children, Youth and Families applied for a transforming Juvenile Justice grant through Georgetown University. This grant was awarded to New Hampshire and a multi-disciplinary team was formed to go down to Washington DC. Participants included the Director, an administrator, and supervisor from DCYF. Also part of the team was a judge, child advocate, public defender, prosecutor, and diversion. The team is tasked to develop a capstone project to transform the Juvenile Justice system in New Hampshire.
- The OCA has continued to release an annual report: 2020 Annual Report (11/13/2020) regarding their findings of the Division’s casework as well as what they have accomplished to support and make recommendations that ultimately will improve outcomes for the children, youth, and families served through the child welfare system.

- Likewise, the OCA issued the following reports relative to DCYF practices: Issue Briefing: COVID-19 Quarantine for Children in the Custody of DCYF: A Community Based Solution (7/10/2020); System Review Briefing: Care of Children in Residence- Nashua Children's Home (9/15/2020); Briefing on Child Advocate (9/21/2020)
- In conclusion, the Division anticipates the continuation of positive engagement with and by the OCA throughout the upcoming year. Although the Division envisions doing so in a similar manner as outlined in this report, there is also anticipation of the need to be creative and flexible as the two entities evolve.

## **Collaboration with Courts: Court Improvement Project**

Please see [\*Section 5: Updates to Service Description: Service Coordination \(45 CFR 1357.15\(m\)\)\*](#)

## **Collaboration with Children's Justice Act**

Please see [\*Section 5: Updates to Service Description: Service Coordination \(45 CFR 1357.15\(m\)\)\*](#)

## **Collaboration with New Hampshire Children's Trust**

Please see [\*Section 5: Updates to Service Description: Service Coordination \(45 CFR 1357.15\(m\)\)\*](#)

## **Collaboration with Bureau of Child Development and Head Start Collaborative**

In late February 2020, the Bureau of Child Development and Head Start Collaboration (BCDHSC) was moved from its co-location with DCYF to another building on the same campus. Despite the move, CDHSC will continue to seek opportunities to partner with DCYF.

Over the past year, BDCHSC, DCYF and Fiscal staff collaborated on Child Care and Development Funds (CCDF) rules revision regarding Protective and Preventive (P&P) child care to promote the health and safety of children in care given that (as of July 1, 2019) P&P child care is no longer paid with CCDF funds, and therefore, is not subject to CCDF rules.

During the COVID-19 pandemic, BCDHSC and the Child Care Licensing Unit provided guidance and resources for foster families to find child care when their regular provider was closed.

BDCHSC and DCYF both participate in the DHHS Early Childhood Integration Team, which promotes coordination and collaboration and leveraging resources among all DHHS programs and services that touch the lives of young children and their families.

In the year ahead, BCDHSC plans to collaborate with the national Pyramid Model consortium to make Pyramid Model training modules available on line at no cost to participants. This will include Pyramid Model training on infants and toddlers, preschoolers, birth to five, trauma-informed care, and staff wellness. Information regarding the availability of these modules will be disseminated to foster families and DCYF staff.

## Collaboration with Dartmouth Hitchcock Medical Center- Special Medical Evaluations

For more information about Special Medical Evaluations, please see [Section 3: Goal 1, Strategy 3.2.](#)

## Collaboration Oversight Panels

### DHHS Advisory Board on Children and Families (also known as: DCYF Advisory Board)

The Division for Children, Youth and Families supports the functions of the DHHS Advisory Board on Children and Families (also known as: DCYF Advisory Board). The Board meets the requirements of Child Abuse Prevention and Treatment Act and Title IV-B, in addition to New Hampshire statutory requirements.

The DHHS Advisory Board on Children and Families is a requirement of the New Hampshire Legislature, RSA 170-G:6-a. The Board actively meets on a monthly basis and serves as a function of the Citizen's Review Panel.

Please See [Section 8: CAPTA](#) for more information

### Child Fatality Review Committee

The most recent report (revised December 2018) of the Child Fatality Review Committee is located at: <https://www.doj.nh.gov/criminal/victim-assistance/documents/child-fatality-report-2017.pdf>

Please see: [Section 5: Efforts to Track and Prevent Child Maltreatment](#) and Please See [Section 8: CAPTA](#) for additional information.

### Youth Advisory Board

The Division for Children, Youth and Families Youth Advisory Board (YAB), known as New Hampshire Youth Voices, is composed of young adults currently and previously in out-of-home

care. The YAB's mission is "making a difference for youth in care by voicing opinions for positive change". The YAB has a regional board structure with three of the five regional boards meeting monthly to work on a variety of projects of interest to youth in care. On a quarterly basis all the groups meet together to review progress and plan for the future. As of the writing of this report there are over twenty active members of the YAB.

### Youth Action Pool

Participating in Youth Action Pool (YAP) are current and former youth in care that are motivated, responsible, and committed to positively influencing, changing or improving the Division for Children, Youth and Families current adolescent practice. The purpose of the YAP is for youth to be actively and directly involved in the Division's practice.

## SECTION 2: UPDATE TO ASSESSMENT OF CURRENT PERFORMANCES

### CHILD AND FAMILY OUTCOMES

New Hampshire is in year one of actively measuring the Program Improvement Plan and conducts three *Case Practice Reviews* each year, in October June and March. New Hampshire conducts statewide reviews. Cases are stratified to include child protection and Juvenile justice placement and in-home cases as well as child protection assessments (considered in-home cases). The data provided is inclusive of reviews from the most recent triennial report, June 2020-March 2021 as the data for the 3<sup>rd</sup> review in year one (June 2021) will not be available in time for the publication of this report.

Statewide Year One (October 2020-June 2021)			
	Total	FC	IH
<b>CPR 1</b>	24	14	10
<b>CPR 2</b>	23	14	9
<b>CPR 3</b>	23	14	9
<b>Total</b>	<b>70</b>	<b>42</b>	<b>28</b>

June 2020- March 2021 ratings (all PIP Monitored cases approved and finalized), compared to the CFSR Outcomes, are as follows:

	March 2021	CFSR 2018	Change
<b>OUTCOME S1:</b> Children are first and foremost protected from abuse and neglect	69%	52%	+17%
<b>OUTCOME S2:</b> Children are safely maintained in their homes whenever possible and appropriate	69%	46%	+23%
<b>OUTCOME P1:</b> Children have permanency and stability in their living situations	24%	30%	-6%
<b>OUTCOME P2:</b> The continuity of family relationships and connections is preserved for children	79%	70%	+9%



<b>OUTCOME WB1:</b> Families have enhanced capacity to provide for their children's needs	47%	29%	+18%
<b>OUTCOME WB2:</b> Children receive appropriate services to meet their educational needs	93%	87%	+6%
<b>OUTCOME WB3:</b> Children receive adequate services to meet their physical and mental health needs	61%	62%	-1%

*Data Source: Child and Family Services Review Portal, OMS-OSRI. Data Extracted March 2021*

## Safety Outcomes 1 and 2

### Current Functioning of Safety Outcomes 1 and 2

**SAFETY OUTCOME 1: CHILDREN ARE FIRST AND FOREMOST, PROTECTED FROM ABUSE AND NEGLECT**

Ratings in this area have significantly improved since the Child and Family Services Review conducted in 2018. (*Data Source: Child and Family Services Review Portal, OMS-OSRI*). The increase in ratings can be attributed to the sustained attention that has been made to see all victims of reports of abuse or neglect within timeframes.

**SAFETY OUTCOME 2: CHILDREN ARE SAFELY MAINTAINED IN THEIR OWN HOMES WHENEVER POSSIBLE AND APPROPRIATE.**

Ratings in this area have also shown improvement since the Child and Family Services Review conducted in 2018. (*Data Source: Child and Family Services Review Portal, OMS-OSRI*). Case Practice Review data has shown that CPSWs and JPPOs are utilizing community and home based services in order to support children and youth maintaining safely in their homes whenever possible to either prevent removal, or re-entry into foster care. In addition to the use of community home based services, CPSWs have increased the use of voluntary service cases to support the needs of families and mitigate risk for future maltreatment. Data also indicates usage of safety services through DCYF contracted providers such as MLADCs, Family Violence Prevention Specialists and Parent Partners who support families with connection to recovery services in both CPS and JJS cases.

## ASSESSMENT REVIEWS-

Date:	<b>Calendar Year 2020</b>							
						<b>Policy Adherence</b>		
199	Assessments were reviewed				94%	Timeframes met for initiation of assessment		
96	Assessments were all Strengths or NA				83%	All victim(s) were seen within timeframes		
105	Assessments were all strengths or Yes for Section A -	53%			93%	Priors considered when necessary		
39	Assessments were all strengths or Yes for Section B -	72%			92%	Admin review documented when necessary		
142	Assessments were all strengths or Yes for Section C -	76%			81%	Timely verbal and written notification to LEA		
		<b>% of Applicable cases</b>	<b># of Applicable Cases</b>	<b>% Strengths or YESs of Applicables</b>	<b># of Strengths or YESs</b>	<b>% Needing Improvements or NOs of Applicables</b>	<b># Of Needing Improvements or NOs</b>	
<b>Section A: GENERAL ASSESSMENT PRACTICE</b>		<b>100%</b>	<b>199</b>	<b>53%</b>	<b>105</b>	<b>47%</b>	<b>94</b>	
1	Thorough Assessment completed?	100%	199	62%	124	38%	75	
2	All dangers accurately assessed?	100%	199	68%	135	32%	63	
<b>Section B: SAFETY PLANNING</b>		<b>27%</b>	<b>54</b>	<b>72%</b>	<b>39</b>	<b>28%</b>	<b>15</b>	
1	Removal happened and necessary?	4%	8	88%	7	13%	1	
2	Safety plan sufficient?	27%	54	89%	48	11%	6	
3	Sufficient monitoring of the safety plan(s) ?	25%	50	76%	38	24%	12	
<b>Section C: DISPOSITION</b>		<b>93%</b>	<b>186</b>	<b>76%</b>	<b>142</b>	<b>24%</b>	<b>44</b>	
1	Overall finding supported?	93%	186	95%	177	5%	9	
2	Risk accurately assessed?	93%	186	81%	150	19%	36	
3	Closure decision consistent with the NHIA matrix?	88%	175	91%	160	9%	15	

(Data Source: Assessment Review Calendar Year Summary CY2020)

DCYF has continued to conduct monthly Assessment Reviews which evaluate the overall assessment practice. The first component of the review evaluates thoroughness of assessment practice by evaluating if all victims, children in the home, parents and appropriate collaterals have been interviewed. It evaluates if all dangers identified were accurately assessed, and compliance with policy. The second component of the review evaluates safety planning practice including determining if removal was necessary, if safety plans addressed all identified dangers that occurred throughout the course of an assessment, and whether or not the safety plan was sufficiently monitored and if appropriate individuals were included in the creation, monitoring and revisions of safety plans. Finally, the review evaluates whether or not the overall disposition of the assessment was supported, if risk was accurately assessed, and if the closure decision aligned with NH's risk assessment model. Over the last year, additional information has been included in the Assessment Review process including assessments that are identified for Rapid Safety Feedback and managed through Alternate Process. Through a separate tool, an evaluation of reports taken in by Central Intake has also been included over the last year.

As shown in the chart above, a review of 199 randomly selected assessments was conducted throughout the 2020 calendar year. Data collected from the assessment reviews is consistent with data collected from the Case Practice Reviews in that more focused attention on the thoroughness of investigations as well as safety planning is identified as a need. Themes include ensuring that all victims of abuse or neglect are seen timely, that quality collateral contacts are made to collect information about the overall functioning of the family as well as the specific allegations that are

reported, and that all dangers are identified including assessing the physical environment of the home.

Between CY 2019 and CY 2020, there has been a marked improvement across each of these areas assessed. There has been a 15% improvement in General Assessment Practice; a 25% improvement in safety planning; and a 2% improvement in disposition of assessments (*Data Source: Assessment Review Calendar Year Summary CY 2019 and CY 2020*).

### Progress to Achieve Substantial Conformity

Over the last year a lot has been done in an effort to achieve substantial conformity through the work done in the Child and Family Services Plan, as well as the Program Improvement Plan.

***Timely Responses to Reports of Maltreatment.*** DCYF continues to implement a more structured approach to address timely responses to reports of maltreatment through the utilization of a daily data driven, teaming approach to planning assessment timeframes within every district office. The Division has already seen positive outcomes as a result of this shift in attending to timeframes. This practice has been fully implemented across the state since August 2020.

***Reduce Overdue Assessments.*** In order to more effectively address safety and risk management through both closing overdue assessments and creating a new system where the Division's resources are focused on families where there is the highest risk to children, DCYF has undertaken several activities over the last year.

- DCYF continues to expand their workforce through identifying targeted recruitment efforts for CPSWs. DCYF utilizes recruitment posters, and has assigned liaisons to work with NH colleges, address inquiries and provide materials at various career fairs, and worked with the Public Information Office to develop public service announcements which enhance morale and prevent additional turnover, as well as recruit. (*Data Source: DCYF Workforce Development Committee, April 2020*).
- In June 2019, NH held its first Job Fest. Job Fest is a workforce development and staff recruitment initiative in which state office and field supervisors conduct interviews of potential new assessment and/or family services CPSWs, and either make recommendations to move forward with a candidate or to not move forward with a candidate. The process is designed to streamline the interview process by allowing candidates who are recommended to move forward in the process to identify 2-3 offices they are most interested in working in. These day-long initial interviews have resulted in a number of newly hired staff. Eleven Job Fest events have occurred between January 2020 and December 2020. As a result of these events, 371 people were invited to interview; 196 interviews were scheduled; 111 individuals were

recommended for a second interviews, and 46 CPSWs were hired. (*Data Source: DCYF JobFest Data Tracking Sheet, December 22, 2020*).

- DCYF began utilizing new staffing levels to manage assessment tasks including closing overdue assessments. Beginning in March 2020, all District Offices began implementing the use of protected paperwork time on a daily basis. During these mandatory office hours, staff conduct tasks associated with closing overdue assessments on their workload. Supervisors also received additional support on coaching their staff to prioritize tasks on their workload in support of them in moving assessments to closure more efficiently. This morning huddle and protected paperwork has been so effective for assessment staff, that offices have started to utilize huddles among other teams to address areas such as: permanency and family engagement.
- DCYF has continued to work with Evident Change (formerly the National Council on Crime and Delinquency (NCCD)) to redesign Central Intake Structured Decision Making (SDM) tools & abuse/neglect definitions in support of redefining screen in criteria. This change helps to ensure quality referrals are being assigned to the DOs.
- SDM will be incorporated within Comprehensive Child Welfare Information System (CCWIS), and both the Central Intake SDM tools and new Assessment module are anticipated to roll out by the end of 2021 or early 2022.
- In June 2020, DCYF implemented a policy which outlined that CPSWs and JPPOs will meet with all families who have open involvement with the agency on a monthly basis to ensure they are being assessed for their risk and safety needs on an ongoing basis. This had a positive impact on staff prioritizing assessments which were ready to close, as opposed to allowing them to linger. Since June, 2020 data has indicated a trend in assessments being closed in under 60 days.

Finally, data shows that NH is currently meeting the goal “to increase the number of assessments closed timely according to policy (60 days) will increase to 30% by quarter eight (currently at 23%)”. Between March 2020 and March 2021, 56.5% of all assessments were closed within 60 days from the date of assignment (*Data Source: ROM: Assessments Completed Within Required Timeframe (of those due); extracted 4/13/2021*). NH has continued the pattern of maintaining at or below 800 overdue assessments statewide since June 2020. Similarly, a pattern has continued where less than 40% of all open assessments are overdue since August 2020, and only 35% in April 2021. (*Data Source: Retrieved 4/13/2021 from 2021-04-01 Overdue Tracker, ROM*). These reductions in workload are a result of the above referenced activities and continues to support staff's ability to close overdue assessments.

**Rapid Safety Feedback.** In January 2019, Rapid Safety Feedback was implemented in all District Offices. Rapid Safety Feedback is discussed further in [Section 5: Efforts to Track and Prevent Child Maltreatment Deaths](#).

**Safety Planning.** DCYF implemented safety planning policy in October 2020. This policy served to create a common definition of risk, danger and safety; to generate guidance on how to respond to danger; and aligned with other work being done across the agency in safety practice. Safety planning training is scheduled to be available to all staff in May 2021.

### Activities for Improvement

Over the next year, DCYF will continue to implement the Program Improvement Plan activities as initiated above to address timely reports of maltreatment, providing services to maintain children in their homes, and assessing risk and safety.

In addition to work being done through the Program Improvement Plan, assessment of safety and risk will continue to be a focus of the Child and Family Services Plan. New Hampshire will identify, implement, and utilize actuarial safety and/or risk assessment tools for both child protection and Juvenile Justice. (See [Section 3, Goal 1, Strategy 2, Activities 1 & 2](#))

## Permanency Outcomes 1 and 2

### Current Functioning of Permanency Outcomes 1 and 2

#### PERMANENCY OUTCOME 1: CHILDREN HAVE PERMANENCY AND STABILITY IN THEIR LIVING SITUATIONS

Ratings in this area have declined since the Child and Family Services Review conducted in 2018. Case Practice Review data has shown that CPSWs and JPPOs are continue to struggle with all three items contained within Permanency Outcome 1.

Placement stability continues to be a challenge due to multiple placement settings within a case. (*Data Source: Child and Family Services Review Portal, OMS-OSRI*). During focus groups conducted with CPS and JJS Permanency staff and supervisors, concerns about the overall impact of COVID on families and placement provider's abilities to access supportive services to assist youth in attending to mental health needs as well as independent living skills were noted. For CPS, staff expressed concern about foster families being reluctant to access respite due to concerns for a COVID exposure, which added increased stress within families. In spite of these challenges, DCYF staff have increased their outreach and support to families through direct contact, as well as making connections within their communities and within agencies who frequently partner with DCYF to support foster families. For JJS, staff concluded that at times this is due to shelter placements, and

at other times due to placement disruptions. DCYF is looking forward to more work being conducted under Family First to support residential placement providers in their efforts to ensure appropriate treatment for youth requiring this level of support before they are able to safely and effectively transition into a lesser restrictive placement.

Identifying an appropriate and timely permanency goal has also been a challenge (*Data Source: Child and Family Services Review Portal, OMS-OSRI*). During focus groups conducted with CPS Permanency staff and supervisors, concerns were noted that often when permanency goals are initially identified youth are not always as easy to engage in conversations around the concurrent plan. As such, the agency will often identify the most legally permanency concurrent goal, and continue to work at engaging the youth in these conversations as they continue to develop rapport. However, staff report, this has resulted in decisions to change the concurrent goal to a more appropriate goal outside the 60 day timeframe mandated in ASFA, which often generates lower ratings in this item. Over the last year, much work has been done with JJS to support identifying two permanency goals, as opposed to identifying one permanency goal twice, but with different intended persons (i.e. reunification with mom; reunification with dad). This shift in practice allows for more options for permanency to be worked on concurrently.

Achieving timely permanency has also continued to be a challenge for a multitude of reasons (*Data Source: Child and Family Services Review Portal, OMS-OSRI*). As noted above, COVID has factored into delays in accessing needed services and has created some delays in families being able to participate in in-person visitation for some youth. While this has improved as COVID positive cases have declined and as more individuals become vaccinated, it has definitely had an impact. Another area which has been of challenge is the ability for the child welfare system to access specific data to evaluate the effectiveness of court protocols and permanency practices. This has in part been due to poor quality of data, and in part to an inability to access physical files to conduct in-depth case reads of court files. DCYF, the Courts and CASA have been working collaboratively in an effort to gather additional data around these practices to determine where to focus improvement efforts. Through focus groups and inquiries among CPS Permanency staff and supervisors, and DCYF attorneys, there may be challenges with delays in conducting later hearings, as well as delays in serving parents with petitions for TPR. This information is being further analyzed. Through focus groups with CPS Permanency staff and supervisors, it was also noted there are some challenges in actively concurrent planning around adoption preparation, as well as preparing and filing adoption paperwork with the courts.

In support of removing barriers to improved outcomes in these areas, DCYF and the Courts have been accessing technical support from the Children's Bureau and the Center for Courts. Additionally, data analysts from each system are in frequent contact and share relevant data. The Courts have also coordinated a quarterly evaluation committee meeting which looks at evaluation

of three permanency court protocols contained within the Program Improvement Plan. Finally, DCYF has coordinated a number of meeting to discuss permanency practice within the agency, and to determine how best to focus improvement efforts.

### PERMANENCY OUTCOME 2: THE CONTINUITY OF FAMILY RELATIONSHIPS IS PRESERVED FOR CHILDREN.

Child and Family Services Review Portal, OMS-OSRI data, inclusive of reviews from the most recent triennial report, June 2020-March 2021 has shown marked improvement from the Child and Family Services Review conducted in 2018.

	CFSR 2018	June 2020-March 2021	% of Improvement in Strengths Ratings
<b>Item 7:</b> Placement with siblings	79%	88%	+9%
<b>Item 8:</b> Visiting With Parents And Siblings In Foster Care	70%	84%	+14%
<b>Item 9:</b> Preserving Connections	67%	86%	+19%
<b>Item 10:</b> Relative Placement	69%	54%	-15%
<b>Item 11:</b> Relationship of Child in Care With Parents	85%	86%	+1%

*(Data Source: NH 2018 CFSR Final Report and Child and Family Services Review Portal, OMS-OSRI)*

CPSWs and JPPOs are ensuring that children in foster care are maintaining connections with both their mother, father and siblings, as well as with other important social and community connections which existed prior to the child or youth entering foster care. The greatest area of challenge in this outcome is relative placement which includes identifying, locating, engaging and assessing both parental and maternal relatives. It is suspected there is a correlation between this item, and family engagement overall, particularly with fathers.

#### Progress to Achieve Substantial Conformity

**Recruitment and Retention.** A lot of work has been done to recruit and retain foster parents. Specific recruitment is sought to identify families that are willing and able to accept sibling groups.



DCYF theorizes when there are more foster placements available than children entering foster care, there will be a better ability to match children with foster placements, as well as place children closer to their home communities which will further support maintenance of important connections.

***Missing Parents.*** In collaboration with the NH Court Improvement Project Model Court Team, new court protocols have been developed which address the Court's inquiry of DCYF in regard to identifying, locating and engaging missing parents, as well as informing missing parents of their right to request a parental fitness hearing. A missing parent, is a named or putative parent who's whereabouts are unknown, and who is not engaged in open 169-C proceedings regarding their children. DCYF theorizes that when these parents are engaged, this will either reduce the number of children who require out of home placement, and/or expand DCYF's ability to identify and engage additional relatives who may be appropriate to serve as relative placement providers. These protocols are being trained, and will go into effect July 1, 2020.

***Concurrent Planning.*** In collaboration with the NH Court Improvement Project Model Court Team, DCYF has defined what concurrent planning practice should look like in NH. This is currently being integrated into policy. In support of a stronger focus on concurrent planning, Judges inquire in all child protection and juvenile justice hearings about DCYF's efforts to identify and achieve a concurrent plan during hearings, as well inquire about ways to support overcoming barriers to achieving the concurrent plan.

***Responsive Communication and Support to Foster Parents.*** District Office Resource Workers roles have been re-aligned to focus more of their efforts on case managing and supporting the needs of their foster parents, as well as facilitating recruitment and retention activities. DCYF theorizes that when specific focus is placed on supporting the individual needs of foster and relative caregivers while they are caring for children, this will increase placement stability.

### Activities for Improvement

Over the next year, DCYF will continue to implement the Program Improvement Plan activities as initiated above to address achieving timely permanency through evaluation of fidelity to the TPR protocols, establishing concurrent planning practices, and identifying, locating and engaging missing parents. Additionally, DCYF will continue to work toward increased placement stability through providing increased outreach and support to relative and foster caregivers. In addition, DCYF will work toward maintaining connections and increasing sibling placements through identifying and engaging missing parents, relatives, and through communicating this intention early and ongoing throughout case involvement.



## Well-being Outcomes 1, 2 and 3

### Current Functioning of Well-being Outcomes 1, 2 and 3

#### WELL-BEING OUTCOME 1: FAMILIES HAVE ENHANCED CAPACITY TO PROVIDE FOR THEIR CHILDREN'S NEEDS

NH has once again demonstrated the second highest improvement in ratings in Well-being Outcome 1 over this reporting period June 2020-March 2021 since the Child and Family Services Review conducted in 2018. (*Data Source: Child and Family Services Review Portal, OMS-OSRI*). Case Practice Review data has shown the greatest area of growth being assessing the needs of children/youth, and foster parents and providing services to meet those needs, as well as caseworker visits with children/youth. In October 2020 and March 2021, the state demonstrate at or above the performance change needed to meet Item 14 case worker visits with children/youth, and in March 2021, the state demonstrated at or above the performance change need to meet Item 13, case planning with families.

#### WELL-BEING OUTCOME 2: CHILDREN RECEIVE APPROPRIATE SERVICES TO MEET THEIR EDUCATIONAL NEEDS

Ratings in this Item 16, educational needs, have shown a 6% improvement over this reporting period June 2020-March 2021, since the Child and Family Services Review conducted in 2018. (*Data Source: Child and Family Services Review Portal, OMS-OSRI*). (*Data Source: Child and Family Services Review Portal, OMS-OSRI*).

#### WELL-BEING OUTCOME 3: CHILDREN RECEIVE ADEQUATE SERVICES TO MEET THEIR PHYSICAL AND MENTAL HEALTH NEEDS.

Ratings in Well-being 3 have slightly declined, by 1% over this reporting period June 2020-March 2021, since the Child and Family Services Review conducted in 2018. (*Data Source: Child and Family Services Review Portal, OMS-OSRI*). Ratings for Well-being Outcome 3 have shown an 11% improvement in strengths ratings over this last reporting period June 2020-March 2021 from the 2018 CFSSrin assessing the mental/behavioral health needs of children and youth and providing services to meet those needs (*Data Source: Child and Family Services Review Portal, OMS-OSRI*). Data also shows that ratings for assessing the physical and dental health care needs of children and youth, and providing services to meet those needs have declined 15% over this last reporting period (*Data Source: Child and Family Services Review Portal, OMS-OSRI*).

### Progress to Achieve Substantial Conformity

***Engaging all parents and all children.*** Over the last three years, DCYF has both collaborated internally, as well as with other DHHS agencies to more thoroughly understand the barriers to

effective family engagement. DCYF has utilized this information to engage staff at all levels of the agency in conversations to establish policy and standards of practice for family engagement. First DCYF identified who is meant by parent and child(ren). Next DCYF outlined expectations for frequency and quality of contacts with these individuals, including assessing their safety, risk and needs. Through the process, DCYF identified a need to ensure accurate documentation of these individuals roles within assessments and cases from which data would measure progress. Finally, there have been ongoing conversations at all levels of the agency in support of messaging these new expectations, and clarifying any misunderstandings or misconceptions.

***Father Engagement Action Team.*** In 2020, DCYF established a Father Engagement Action Team, comprised of individuals from each district office, and each field area, who are already a part of the local parent partner teams. Over the last year, this team has collected data on father engagement to better inform improvement opportunities, and to evaluate future work. The team has established several PDSAs (Plan, Do, Study Act- a mechanism to test a new practice or intervention before scaling statewide) around identifying and engaging fathers. The team has developed brochures and one-page sheets informing families about the FEAT team and how they can become involved. The team has also developed a self-assessment tool of family engagement skills, and is in the process of contracting to provide an advanced practicum on father engagement. Staff from the FEAT team are being trained as trainers to ensure sustainability for the practicum.

Through the work of the Father Engagement Action Team and local Parent Partner Teams, family engagement, with a specific focus on empowering the role and voice of fathers will be an ongoing priority. [See Section 2: Family Engagement.](#)

***Service Array.*** DCYF has continued to make improvements to ensure more families are able to access a wide array of services through a voluntary case. Additionally DCYF is working toward enhancing and expanding our community home based service array through various new programs which have demonstrated evidence based practices (EBPs) in support of helping families to achieve positive outcomes. To learn more about these programs see [Section 5: Child and Family Services Continuum.](#)

DCYF has continued to expand upon the MLADC program, which provides consultation, evaluation/assessments of needs, resource connection, short and long term counseling, and other supportive services to support individuals with either substance abuse and/or substance abuse and mental health treatment needs. [See Section 5: Service Description.](#)

DCYF has continued to expand upon the Strength to Succeed Program which provides parent aides who are certified recovery coaches that support individuals with substance abuse treatment needs to connect with recovery and treatment programs in their areas. [See Section 2: Array of Services and Resource Development.](#)

Finally, DCYF has piloted a new program, Roadmap to Reunification, which takes the place of the former Family Assessment Inclusive Reunification (FAIR) program, and has a more intensive focus on building relationships at the onset of a child's placement in out of home care between their foster or relative care providers and their birth parents in support of a team approach to achieve reunification. [\*See Section 5: Service Description.\*](#)

### Activities for Improvement

Over the next year, DCYF will continue to implement the Program Improvement Plan activities as initiated above to address families having enhanced capacity to provide for their children's needs, and assessing and ensuring children receive necessary services to meet their educational, physical and behavioral health needs.

## SYSTEMIC FACTORS

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### Item 19: Information System

#### Overview of Information System

##### *STATEWIDE AUTOMATED CHILD WELFARE INFORMATION SYSTEM*

Bridges continues to be used as the Division for Children, Youth and Families' (DCYF) Statewide Automated Child Welfare Information System of record as described in New Hampshire's 2020-2024 APSR. All required information is recorded in this application.

Reports continue to be run on schedule as reported in New Hampshire's 2020-2024 CFSP.

##### *COURTSTREAM*

SYSC continues to use the CourtStream information system as described in New Hampshire's 2020-2024 CFSP.

#### Current Functioning of the Systemic Factor

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire also received an overall rating of Area Needing Improvement for the systemic factor: Statewide Information System (Bridges), based on information from the statewide assessment and stakeholder interviews. Through focus groups, it was reported that there is no supervisory oversight of the accuracy of data entered in the statewide information system. Stakeholder interviews from 2018, indicated staff do not rely on Bridges for accurate locations of children in foster care, and instead maintain systems outside of Bridges to know where children in placement are located, and that data entry around placement is not timely.

Note: The DCYF Business Informations Systems teams reviewed the data accuarcy concerns and deterimined that the worker workflow and data entry practice is a big contributing factor to the data quality of the sysytem.

##### *STRENGTHS OF THE STATEWIDE INFORMATION SYSTEM*

New Hampshire Bridges is fully compliant with Administration for Children and Families as a Statewide Automated Child Welfare Information System, and continues to be the system of record and there are no other alternative systems for tracking children.

### Comprehensive Child Welfare Information System (CCWIS):

The Comprehensive Child Welfare Information System (CCWIS) final federal rule addresses the required changes, and provides agencies with increased flexibility to build smaller systems that more closely mirrors their practice models. New Hampshire is in the process of moving to a Comprehensive Child Welfare Information System model. As part of a two-phased approach the current New Hampshire State Automated Child Welfare Information System (SACWIS), Bridges will be replaced by a new web based system known as Granite Families to meet the new CCWIS federal requirements.

NH is currently working with DCYF staff on phase II, the design of the State CCWIS, to take advantage of newer technology using iterative, overlapping releases to migrate business functionality to incrementally modernize Bridges for DCYF clients, providers, and the families and children of New Hampshire.

The Bureau is working with DCYF staff to incrementally upgrade components of earlier releases and iterations to ensure they stay current with continuously evolving technologies. The advantage of an incremental modernization approach is that requirements can be continually adjusted based on changing business priorities.

### Adoption Foster Care Analysis Reporting System (AFCARS):

NH DCYF has responded to the AFCARS Notice of Proposed Rulemaking (NPRM) and has been doing research in FFY 2019 on the proposed requirements of the new AFCARS (2.0) project. The NPRM was finalized in May 2020. The FFY 2020 New Hampshire submissions were successful and met the federal standards. Federal reporting authority has significantly expanded the data required. Currently, there 66 data elements required for reporting each foster care case. In May of 2023, the requirement will be increased to 186 data elements. A massive effort has begun to understand the new meaning of each new field and where in the Bridge system the data will be extracted. The day-to-day DCYF operations will need to change to make the new data fields mandatory input.

### Families First – Preventative Services

Federal Legislation enacted to allow states to use Title IV-E funds to prevent placements into foster care by providing services designed to keep children in the home. This is a significant change for DCYF, which requires the unit to facilitate changes to Bridges and to insure the functionality will exist in Granite Families. Business requirements Documents (BRDs) are being developed to add additional services, data fields, reports, software testing, modifying data interfaces and more. It is a high priority for the division with an aggressive timeline. It is estimated that this initiative is using 20% of the units' total capacity.

### Families First – Residential Services

Congress enacted the Family First Prevention Service Act as part of the Bipartisan Budget Act, signed into law by President Trump in 2018. This landmark legislation offers states an unprecedented opportunity to transform state child welfare systems. To reduce states' use of congregate or residential group care, the federal government will now only reimburse programs that are designated as qualified residential treatment programs (QRTPs). These must be licensed and accredited and use a treatment model that recognizes the effect trauma has on youth. They are also required to have registered or licensed nursing staff available 24 hours a day and seven days a week, and must engage families and support them after discharge. Children must be assessed regularly to determine their need for residential care. Benefit to the child must be regularly demonstrated and approved by the courts. States may delay the implementation of this part of the legislation for two years (until Sept. 29, 2021)—however, this will delay funding for prevention services. Other services in which children and youth can be placed include programs for pregnant and parenting foster youth, supervised independent living programs for children older than 18, and programs for youth that are victims of, or at risk of, human trafficking.

### Project HOPE

Federal Legislation enacted to allow individuals who have aged-out of foster care at age 18, to continue in foster care until age 21. Funding continues for all services involved. The new services and case management functionality will be added to Bridges in September 2021 to help manage this population.

### Bridges-MMIS Interface

The Bridges team is working with the DCYF operations staff to create the business requirements for including additional DCYF services and the new community-based voluntary services in the Bridges-MMIS Interface. This project focuses on specific and specialized technical changes in support of many DCYF initiatives to include the new Family First service array.

### BRIDGES Medical Screen Changes

DCYF is invested in enhancing the Agency's ability to oversee and monitor the medical/behavioral health needs of children in our care. Funding has now been increased in order to re-staff each DCYF District Office with at least one Nurse Consultant. The Nurse Consultants are in need of screen changes in Bridges in order to clearly and accurately document Medical/Behavioral health needs

### Secure Data Transfer and Storage

BIS is designing and implementing a pilot project for designing and establishing a secured method for the transfer and permanent storage of case documents and videos as electronic files and videos may contain personal, medical and mental health information

### Strength to Succeed

The Community Behavioral Health (CBH) program is transitioning service from a contracted provider To DCYF services. The required voluntary services were added to Bridges. The implementation with the DCYF workforce is pending. Follow-up and IT support will be on going.

### Therapeutic Foster Care

NH Division for Children Youth and Families also wanted to re-establish the Therapeutic Foster Care service as a complement to the already existing Foster Care program for children/youth with more extensive needs. The Therapeutic Foster Care Program will be run by an outside contracted agency.

### Child Care Federal Reporting – ACF801

In Conjunction with the Enterprise Data Warehouse Team and the Child Development Bureau BIS is rewriting the federally mandated quarterly report ACF801. The current reporting system is 25 years old and is being rewritten for quality control and efficiency. Bridges IT staff is involved.

### Upgrading the check printing and envelope stuffing software.

As part of a department initiative, BIS is working with DoIT, Fiscal and operations to upgrade the checking printing and stuffing process to align with the new AIMS machines that stuff checks and Remittance Advices to streamline the payment process for DCYF providers.

### Bridges and New Hampshire First Interface (State Financial System):

The NH First Interface will support pre-paid debit/credit cards. The NH Bridges interface with NH First will be reducing the number of checks it produces, at an estimated cost of \$17.50 per paper check. This project will eliminate the antiquated software, Check Writer and save the State over a million dollars a year in check processing fees. The analysis phase will started in FFY 2020 and will continue through FFY 2021.

### National Child Abuse and Neglect Data System (NCANDS):

DCYF is currently making changes to the NCANDS extract to address the following issues for the FFY2021 submission:

- Accounting for “added allegations” in reports, where those added allegations resulted in a finding.
- Include data regarding CARA Plan of Safe Care and Referrals in the NCANDS file.
- Include new services that have are being added in support of Families First, Community-Based Voluntary Services, HOPE Program and Strength to Succeed.

### Unfounded but with Reasonable Concerns:

The Bureau of Organizational Learning and Quality Improvement now includes the disposition type of “Unfounded but with Reasonable Concerns” in all assessment reviews, rather than in isolation. The data from these reviews is used to drive program improvement initiatives to enhance assessment practice across all disposition types.

### Progress to Achieve Substantial Conformity

#### *DATA CONSIDERATIONS AND QUALITY ASSURANCE*

In the past year, the Bureau of Information Systems (BIS), which is the DCYF Child Welfare Information System team, submitted an initial Data Quality Plan for the Comprehensive Child Welfare Information System (CCWIS) to the ACF. The plan was approved in March, 2021.

In response to the findings in the 2018 CFSR where it was determined that there is no oversight of the accuracy of the data entered into the system, BOLQI developed a Data Quality Review tool as PIP goal #4, Strategy #3. This tool that instructs reviewers, during the Case Practice Review, to look up client demographic information and correct placement information for the child and write it down. Reviewers then verify with the client that what’s documented in Bridges is correct, and if not, BOLQI reaches out to the District Office to correct the information.

NH DCYF uses Data Quality Utility and Frequency Utilities for Federal Reports which are validation tools to identify data outliers in the Adoption and Foster Care Automated Reporting System (AFCARS), National Youth in Transition Database (NYTD) and the National Abuse and Neglect Data System (NCANDS). The Utilities allow the Division to do research and analysis on our federal reports to identify missing data or data errors. BIS works with DCYF Management and the field directly, including fiscal staff, to correct errors or to input missing data. Data transition reports also tell us where there are data errors. If there is a Bridges application or AFCARS file extract program issue for AFCARS data, then the corrective technical change is added to the AFCARS Improvement Plan (AIP) to be tracked and prioritized.



### Adoption and Foster Care Automated Reporting System (AFCARS)

Some changes to the Bridges system include trial home visit application changes that enable staff to better indicate the trial home visit data. In the AFCARS AIP, one piece that has been holding this up is the way NH documented trial home visits in CCWIS. Historically, our system automatically created a calculated 180-day trial home visit each time a child was reunified/returned home. At that time, trial home visits occurred with the state maintaining care and legal supervision. Currently, trial home visits could only occur with the state maintaining court ordered care and custody. To date the state does not have any trial home visits that meet the care and custody criteria, hence our data was skewed. All future court ordered trial home visits entered manually into the system by a Fiscal Administrator. The system is now accurately reflecting current practice. DCYF decided not to include a strategy of a separate training regarding the importance of documentation in the PIP, but rather to emphasize this importance throughout the training and implementation of various initiatives of DCYF. DCYF has begun to emphasize the “5 Steps to an Activity” concept which are : Plan, Travel, Do the activity, Travel, and Document, where the emphasis is that an activity is not complete until it is documented. CPSW’s are encouraged to complete documentation immediately following an activity, such as a face to face visit. This has been important in meeting initial face to face timeframes and closing assessments. The importance of documentation is now an ongoing emphasis in Core Academy training.

New Hampshire passes the AFCARS compliance checks. Below are the child demographics compliance percentages for AFCARS Elements six through seventeen for the latest submission at this time of October 1, 2020 through March 31, 2021:

**Date of Birth (Element 6):** 100 percent compliant

**Sex (Element 7):** 100 percent compliant

**Race (Element 8):** 4.2 percent Missing Data

**Hispanic Ethnicity (Element 9):** 100 percent compliant

**Diagnosed with Disability (Element 10):** 96.05 percent compliant

**Disability Types (Elements 11-15):** 96.05 percent compliant

**Has Child Been Adopted (Element 16):** 0.0 percent Internal Consistency Error

**If Yes, How Old (Element 17):** 0.0 percent Internal Consistency Error

In State Year 2020, Statewide Automated Child Welfare Information System reported 57,350 individuals involved in all new assessments including children. There were 2,572 open for

Juvenile Justice Service cases and 2,813 children served in Family Service Child Protective cases.  
(*Data Source: DCYF Annual Data Book, 2020*)

In addition, the State is developing other techniques for monitoring the accuracy and timeliness of data entry. It plans to continue to enhance monitoring analysis by utilizing a variety of queries to interrogate the data for quality improvement opportunities.

### DHHS Master Client Index:

BIS continues to support the development of the Master Client Index as it relates to Bridges.

### Activities for Improvement:

- BIS will continue working with stakeholders to include DCYF staff, supervisors, and developers on creating the new CCWIS, known as Granite Families. BIS had originally hoped to roll out the NH CCWIS Intake module in April 2020. However, due to the need to align these modules and not create inconsistencies between Bridges and Granite Families, the plan has changed to roll out Intake and Assessment together in 2021.
- A Data Quality Plan was developed collaboratively with DCYF teams including the data team, policy, quality assurance, and field services and approved by ACF in March, 2021. The plan focuses on data quality in the development of the new CCWIS, as well as making any necessary improvements to the legacy system in the interim. Objectives and identified improvements include:
  - **Improving Data Completeness, Timeliness and Accuracy. For example:**
    - a. Reminders for workers to enter child's educational data on a regular basis (included in the September 2021 Release of Bridges)
    - b. Making the Date of Death field available on Intake screens, rather than waiting until the referral has become an assessment.
    - c. Including data required by NCANDS, but not currently available in Bridges, in the CCWIS: Incident Date and Living Arrangement.
    - d. All New Hampshire towns will be selected from a dropdown list, rather than free-typed.
  - **Improving Consistency and Uniformity of Data. For example:**
    - a. All dates entered in Granite Families will be checked against an allowable range for that date.
    - b. Strategies to reduce the number of duplicate clients
    - c. Clearer labeling of some fields to ensure users understand what data is to be entered.
  - **Ensure Data is exchanged and maintained confidentially**
    - a. Create a user role in the CCWIS for Child Welfare Contributing Agencies, to eliminate insecure methods of information exchange.

- b. Create confidential online forms for providers to report incidents.
- **Ensure Data is supportive of child welfare policies, goals and practices**
  - a. Create workflows that support timely entry and review of child placement data in the CWIS, and encourages workers to stop relying on external datasheets for this information.
  - b. Adding a method to flag and track critical incidents within the CCWIS.
- **Ensure Data is not created by default or inappropriately assigned**
  - a. Eliminate all default am/pm indicators on time fields.
  - b. Ensure that the author of a contact note is the user who is creating the note, rather than defaulting to the primary worker on the case.
- **Implement and Maintain automated functions**
  - a. Create automated workflows that require users to enter data only in the instances in which is required, and hide the fields in other instances. For example, require that an IDEA referral for a child be documented only for children under the age of 3 in a founded assessment.

DCYF's Data Managers Group, has refined its focus to "Data Integrity," and will be a key entity for identifying data quality gaps and areas for improvement. A newly formed Data Quality Group will oversee and monitor the Data Quality Plan, and be responsible for its annual submission to ACF.

- BIS will continue to review the preliminary requirements for AFCARS 2.0 and, if the requirements are solidified and released in the coming year, will begin to make the necessary changes to comply with AFCARS 2.0

## Item 20: Written Case Plan

### Current Functioning of the Systemic Factor

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire received an *Area Needing Improvement* in Permanency Outcomes 1 and 2 (Items 4-11), as well as the Systemic Factor Case Review System (Items 20-24). The CFSR results indicated DCYF has challenges with achieving timely permanency for children with the goals of adoption, reunification, and guardianship. DCYF and the Court were not holding the initial permanency hearing within twelve months of a child coming into care and the timeliness of administrative review meetings were inconsistent. Further it was

determined that termination of parental rights petitions were usually filed later than the federal guidelines.

In April, 2018, NH participated in a Child and Family Services Review. Three different district offices were reviewed including Seacoast, Conway and two sample sites from Manchester. The CFSR case sample size was 65 cases comprised of both child protection and Juvenile Justice justice services. Beginning in 2019, NH established its baseline data through Case Practice Reviews between October 2019 and June 2020. Case Practice Reviews are comprised of cases from both child protection and Juvenile Justice justice randomly selected statewide.

CRITERIA	JUNE 2020- MARCH 2021	%	Baseline  Oct 19- June 2020	%	CFSR 2018	%
<b>Total Cases</b>	70		65		65	
<b>Concerted Efforts to Actively Involve Child</b>	50 of 61	82%	41 of 56	73%	31	63%
<b>Concerted Efforts to Actively Involve Mother</b>	50 of 63	79%	40 of 56	71%	37	63%
<b>Concerted Efforts to Actively Involve Father</b>	28 of 49	57%	26 of 49	53%	24	47%
<b>Achieved Strength Rating</b>	43 of 70	61%	32 of 65	49%	31	48%

*Data Source: Child and Family Services Review Portal, OMS-OSRI, June 2020-March 2021, extracted 4/4/21*

Data collected from the baseline year, the last three Case Practice Reviews and the Child and Family Services Review, indicates that NH is making steady progress in actively involving children, mothers and fathers in case planning. The greatest area of improvement has been in engaging children and youth with an 19% strengths rating improvement since the CFSR in 2018.

#### Progress to Achieve Substantial Conformity

In the Round 3 *Program Improvement Plan*, Goal 2: Permanency, DCYF addresses case planning through improvements in concurrent planning practice and identifying, locating and engaging missing parents.

In accordance with this strategy, DCYF worked collaboratively with the Court Improvement Project/Model Court Program to develop Missing Parent and Parental Fitness Hearing protocols that address practice expectations in these areas related to concurrent planning.

The development of Missing Parent court protocols creates a common understanding and expectation for what happens once a missing parent is identified and located. Anticipated results are staff and Judges inquiring about missing parents, earlier identification of missing parents, and quality engagement in court proceedings and connection to services for both parents. This will also result in timely permanency hearings and/or improvement in reunification within twelve months and/or improvement in adoption within twenty-four months. These Missing Parent protocols were completed in January of 2020, and went into effect June 1, 2020. Court forms were also revised and released for use with the protocols in June 2020. The use of the new court forms support practice expectations for identifying, locating and engaging the missing parent. In addition to the changes made in regard to missing parents, court forms were also amended to include the court's inquiry as to DCYF's efforts to achieve the concurrent plan, and to identify a plan during the hearing to try to overcome any barriers identified.

Protocols for Parental Fitness Hearings were also completed in January 2020, and were released for use on June 1, 2020, to reflect the requirements of RSA 169-C which allow a parent to request this hearing if DCYF did not file a petition on them and the child is currently in another's care and they want to their child to be in their care. A brochure was developed which explains the parent's right to request a Parental Fitness Hearing as well as the purpose and nature of the Parental Fitness Hearing.

The Court Improvement Project (CIP), in collaboration with the Child Welfare Education Partnership, the Judicial Council and CASA created videos for training on both of these protocols. All child protection field workers, including supervisors and the legal team, including supervisors and paralegals were trained. The content of the protocols became part of the Core Academy curriculum for newly hired staff.

In addition, DCYF has collaborated with the Court Improvement Project (CIP) and Model Court Team regarding the expectations which should be included in the concurrent planning policy during the development of the *Program Improvement Plan* which was completed and implemented for both child protection and Juvenile Justice in October 2020. DCYF shared the finalized policy, as well as a draft of the agency's permanency planning brochure with the Court Improvement Project and incorporated their feedback within.

Finally, DCYF has collaborated with the Court Improvement Project and Model Court Team to develop a Program Improvement Plan Strategy which focuses on the evaluation of the 2018 Termination of Parental Rights court protocols, to determine effectiveness and challenges at specific milestones within the protocol.

In addition to work with the Court Improvement Project, DCYF implemented Roadmap to Reunification, which focuses on intensive efforts to bring together the child's entire team in support of a whole systems approach to supporting the family in achieving reunification.

### Activities for Improvement

Over the last year, DCYF initiated revision to the case plan in conjunction with Family First mandate. This work will continue in 2021.

The CIP Evaluation Committee will continue to work toward evaluation and monitoring activities for the Missing Parents, Parental Fitness and 2018 TPR Protocols.

## Item 21: Periodic Reviews

New Hampshire has used an administrative case review process for placement cases for the past few years. This process included meetings that are specifically aimed at assuring the question "can this child/youth be safely returned home?" at the forefront of every meeting. Over the last year, DCYF and the Courts have collaborated on a method to ensure administrative reviews are occurring during all Review Hearings, Permanency Hearings and Post Permanency Review Hearings. In support of ensuring all required elements of the Administrative Case Review was covered during each review, court orders were revised to ensure the a facilitation of these areas occurred and was signed off on by a Judge.

### Current Functioning of the Systemic Factor

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire received an *Area Needing Improvement* in Permanency Outcomes 1 and 2 (Items 4-11), as well as the Systemic Factor Case Review System (Items 20-24). The CFSR results indicated DCYF has challenges with achieving timely permanency for children with the goals of adoption, reunification, and guardianship. It was found that timeliness of administrative review meetings were inconsistent.

There were 945 children in placement as of September 30, 2020 and 806 of them had a hearing from March through August (85%). 739 kids were in care at least an additional 6 months after September 30, 2020 with 566 having a second hearing from September through February (77%). 28 kids (3%) had no documented court hearing meeting the requirements of administrative review. (*Data Source: Results Oriented Management (ROM) and NH SACWIS, extracted 4/8/2021*)

### Progress to Achieve Substantial Conformity

In the Round 3 *Program Improvement Plan*, Goal 2: Permanency, DCYF addresses timely achievement of permanency through improvements in concurrent planning practice and

identifying, locating and engaging missing parents. See Item 20, above for more information on these protocols.

#### Activities for Improvement

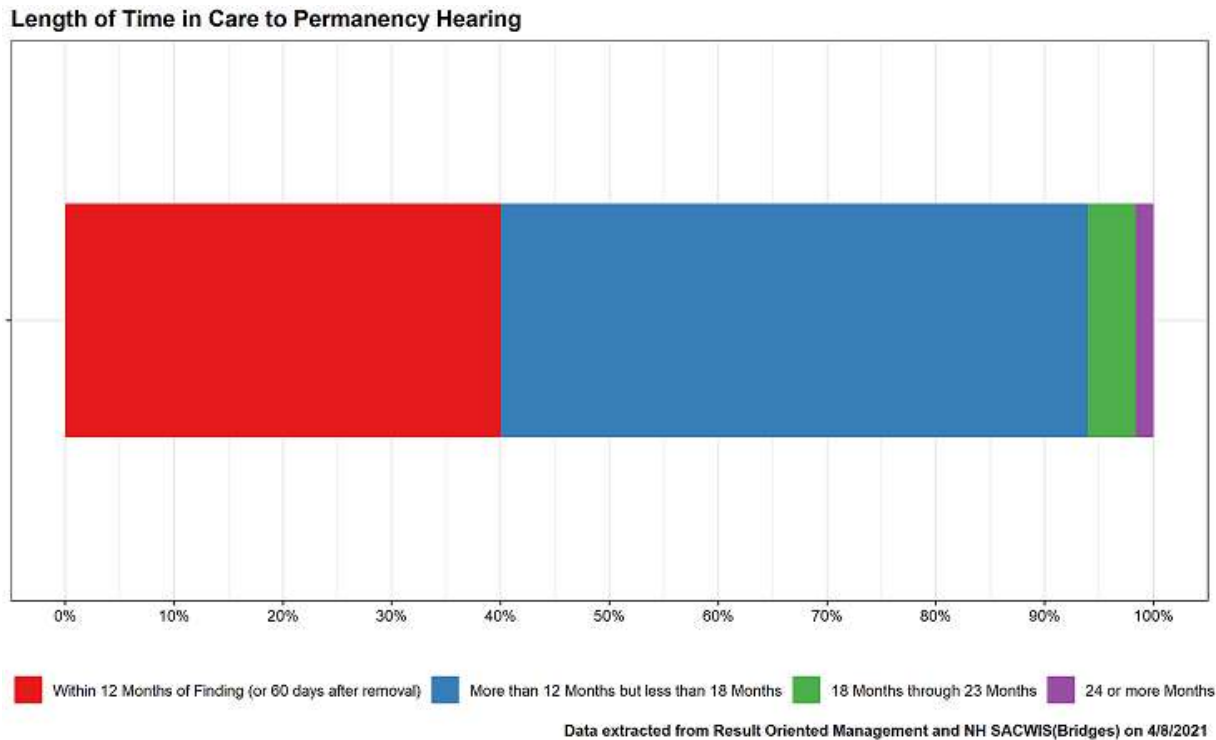
Over the next year, DCYF will continue to monitor when the Courts are not scheduling these periodic reviews, and will motion the court to schedule a hearing. DCYF will continue to collect and share data regarding outcomes with the Courts.

## **Item 22: Permanency Hearings**

#### Current Functioning of the Systemic Factor

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire received an *Area Needing Improvement* in Permanency Outcomes 1 and 2 (Items 4-11), as well as the Systemic Factor Case Review System (Items 20-24). The CFSR results indicated DCYF has challenges with achieving timely permanency for children with the goals of adoption, reunification, and guardianship. DCYF and the Court were not holding the initial permanency hearing within twelve months of a child coming into care and the timeliness of administrative review meetings were inconsistent.

Child Protective cases that are court involved have regularly scheduled court review hearings that occur at the three, six and nine months following the Dispositional hearing with a Permanency hearing held at twelve months. Subsequent to the twelve-month Permanency hearing, periodic reviews are held every three months thereafter pending the final achievement of permanency for the child or youth. Juvenile Justice cases are heard at least every six months unless there is cause to bring forward a review hearing prior to that.



The total population of children in child protection cases in care greater than 12 months as of 12/31/20 was 623. The figure above entitled *Length of Time in Care to Permanency* indicates that (40%) of permanency hearings occur within twelve months of the finding, (or 60 days after removal), 53.93% of children and youth had a permanency hearing more than twelve months, but less than eighteen months of the finding. *Data Source: ROM Length of Stay report (extracted on 4/8/2021) and Bridges*

### Progress to Achieve Substantial Conformity

In January 2018, the State implemented new court protocols, which was to help improve in the area of timely permanency through termination of parental rights. The Division also implemented a new way to document permanency hearings so that each district office was inputting information in a uniform manner, thus providing more accurate data. The Court has also implemented two additional protocols which affect permanency, the Missing Parent protocol and the Parental Fitness Hearing protocols have been updated. The impact of the implementation of the new court protocols to improve timeliness of permanency is not yet known as we are still within the allowable time period for achieving permanency. The Court Improvement Plan has identified updating court protocols pertaining to Permanency Hearings. It is anticipated that this will happen over the next year.



Over the past year, the Division has continued to use the Permanency Planning Team (PPT) meeting structure and standardized flow of questions and address permanency items during these internal meetings.

#### Activities for Improvement

Through the work on the CIP Model Court Project team, DCYF will continue to participate in the development of revised court protocols regarding permanency hearings.

## **Item 23: Termination of Parental Rights**

#### Current Functioning of the Systemic Factor

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire received an *Area Needing Improvement* in Permanency Outcomes 1 and 2 (Items 4-11), as well as the Systemic Factor *Case Review System* (Items 20-24). The CFSR results indicated DCYF has challenges with achieving timely permanency for children with the goals of adoption, reunification, and guardianship. DCYF and the Court were not holding the initial permanency hearing within twelve months of a child coming into care and termination of parental rights petitions were usually filed later than the federal guidelines.

#### Progress to Achieve Substantial Conformity

Six and eleven month Permanency Planning Team (PPT) meetings are continuing as described in the 2020-2024 CFSP.

In the Round 3 *Program Improvement Plan*, Goal 2: Permanency, DCYF addresses improvements in timely permanency through evaluation of the *2018 Termination of Parental Rights, Voluntary Mediated Agreement, Surrender and Adoption Protocols*. DCYF and the courts continue to utilize the 2018 Termination of Parental Rights Protocols. Over the last two years, the Courts, CASA and DCYF have been working together to try to evaluate the effectiveness of these protocols. Due to complications from the COVID pandemic, it has been challenging to collect the data in the manner intended, which has caused a delay in being able to evaluate these protocols, but this work is ongoing.

Over the next year, DCYF in collaboration with the Courts and CASA, will work on a pilot which strives to better understand the effectiveness, successes and challenges with the TPR and Adoption Protocols. Additionally, this will allow the systems to more effectively work together to understand the specific challenges, and create interventions to address them. In addition to practice changes specific to concurrent planning, this pilot will also address specific roles of the family service and

permanency CPSWs when co-working on a case and will also address timeframes for preparing and filing the adoption packet, to ensure continuity of the flow of the TPR protocols. As this pilot progresses, it is hoped that practice changes that are implemented will be scaled and spread statewide.

In addition to evaluating the protocols, DCYF has been further evaluate practice around; placement stability, identifying an appropriate and timely permanency goal and timely achievement of permanency goals. Online Monitoring System (OMS) data, as well as system data, and focus groups with staff have been held to better understand where the challenges may be coming from. Some challenges which have been identified include: concurrent planning including- adherence to the TPR protocols, assignment roles and responsibilities for cases with a concurrent plan of adoption and timely completion, filing and scheduling of adoption cases. DCYF continues to further analyze current and new data as it becomes available to validate these theories, as well as developing interventions to address these challenges.

### Activities for Improvement

In the Round 3 *Program Improvement Plan*, Goal 2: Permanency, DCYF addresses improvements in timely permanency through evaluation of the *2018 Termination of Parental Rights, Voluntary Mediated Agreement, Surrender and Adoption Protocols*. The evaluation plan, with specific data points will continue to be reviewed to determine the effectiveness of the protocols at each step. In the event trends in practice arise that are problematic, data will be explored to determine where the root cause of the problem lies, and the team will identify solutions for improvement. DCYF plans to further collaborate with the CIP and CASA to review practice from a systems lens and more effectively support timely achievement of permanency for children and youth.

DCYF will also continue to work on the development, implementation and evaluation of a pilot around improving concurrent planning practices and achievement of timely permanency.

## Item 24: Notice of Hearings and Reviews to Caregivers

### Current Functioning of the Systemic Factor

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire received an *Area Needing Improvement* in Permanency Outcomes 1 and 2 (Items 4-11), as well as the Systemic Factor: Case Review System (Items 20-24). The CFSR results indicated DCYF has challenges with achieving timely permanency for children with the goals of adoption, reunification, and guardianship. DCYF and the Court were not holding the initial permanency hearing within twelve months of a child coming into care and the timeliness of administrative review meetings were inconsistent. Further it was

determined that *Termination Of Parental Rights* petitions were usually filed later than the federal guidelines.

To assure foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in any review or hearing held with respect to a child or youth in their care, in 2012 the Division established guidelines for staff on how this was to occur. A written *Notification of Hearing* letter is to be sent to these caregivers and it is expected that staff will document in Bridges that this has been done. The Division stated in the 2020-20204 CFSP that they were working with the Court to review and revise the *Hearing Notice* form that the Division was sending to caregivers with a future goal that the responsibility would be shifted to the Court to send *Hearing Notices*.

### Progress to Achieve Substantial Conformity

As of July 2019, Courts took over the responsibility to send notifications of court hearings to placement providers. In order to ensure that courts have accurate placement information for all children and youth in care, DCYF Fiscal Specialists submit a form "Court Notification of Placement Change".

### Activities for Improvement

DCYF will continue to ensure accurate placement information is submitted to the Court in order to ensure placement providers are notified of their right to participate in court hearings regarding children and youth placed in their homes.

## Item 25: Quality Assurance System

In the CFSR conducted in April 2018, evaluating families served by DCYF during the Period Under Review, April 2017 through April 2018, New Hampshire received an overall strengths for Item 25 Quality Assurance System based on information from the Statewide Assessment and stakeholder interviews. As stated in the CFSR Final Report, New Hampshire has many key aspects of a CQI system.

### Case Practice Reviews

New Hampshire has a Case Practice Review system that is similar to the CFSR process in conducting quality case practice reviews throughout the entire state.

For Round 3, NH has shifted to conducting three remote statewide reviews of practice, as opposed to four regional reviews each year. Cases include both child protective assessments, traditional in-home cases and foster care cases, which are selected randomly from a statewide sample of both juvenile justice and child protection cases. A specific percentage of cases are identified from the

Manchester District Office, New Hampshire's metro site. New Hampshire collected base line data from the fall 2019 through spring 2020, against which all subsequent case practice reviews are being measured. This base line year determined the percentage of improvement required in order for the State to become in substantial compliance with national standards for child welfare.

Case Practice Reviewers are experienced in field practice and are both independent in their work and ambassadors for continuous quality improvement in their offices. New Hampshire has a seasoned and experienced team of level two Quality Assurance Staff. These individuals have multiple years of experience as reviewers and providing quality assurance at the state level , as well as experience reviewing during federal Child and Family Services Reviews. Two specified field supervisors and Two specified Field Administrators, one each from CP and JJ, that participate in each review as level one Quality Assurance staff.

New Hampshire continues to support the professional growth of our QA team to ensure we have a team of high quality level one Quality Assurance Staff who have experience as state reviewers, and who during reviews are paired with a mentor from the level 2 QA team throughout the review week. This team works alongside their assigned review team for the entire week to create consistency and a more supportive experience. In addition, DCYF continues to work on recruiting a larger team of seasoned reviewers. Over the last several years, many seasoned reviewers have accepted other professional opportunities outside the agency. Some of these staff have continued their work as stakeholder reviewers. . There continues to be great interest among newer staff to become trained as reviewers. As the seasoned pool of reviewers grows, DCYF will continue to look at expanding opportunities for a larger pool of Quality Assurance staff as well.

New Hampshire provides all reviewers and quality assurance staff onsite training including updated information from recent Case Practice Review lessons learned. New Hampshire has revised the onsite training to include instruction on rating each item, and a learning lab, where new and seasoned reviewers work together to gain experience reviewing a case. This also supports the ongoing development of their quality assurance partners in gaining experience coaching and providing real time feedback to support the entire team's overall learning and expertise with the On Site Review Instrument tool.

### Intake and Assessment Practice Reviews

#### OVERVIEW

The former Bureau of Organizational Learning and Quality Improvement in partnership with the Field, developed a Continuous Quality Improvement process focused on Child Protective Assessments and began monthly reviews in early 2016. In 2020, a review of DCYF's Central Intake was included. The goals of the Quality Assurance Review process remain to monitor and support consistency in Assessment practice across different offices and regions; evaluate

adherence with policy and consistency across intake screen-in decision making; provide state level feedback toward systemic change; and inform implementation and sustainability planning of Division Practice Model strategies and goals, specifically as they relate to child safety.

### *INTAKE AND ASSESSMENT REVIEW -STAFF AND TRAINING*

The Bureau of Research, Evaluation and Reporting (BRER) oversees assessment reviews. BRER utilizes both current and former staff as reviewers, and seasoned quality assurance staff. Training is provided at the beginning of each review for new reviewers and as a refresher for seasoned reviewers.

All reviews are conducted remotely. The “Administrative Flag” process similar to the “Red Flag” process continues to be used during Assessment Reviews to immediately address any danger concerns identified by review teams.

### *CASE SELECTION*

Cases continue to be selected as described in the [2020-2024 CFSP](#).

### *ASSESSMENT REVIEW TOOL*

A targeted Assessment Review tool is utilized along with a Quality Assurance Guide. The tool is brief and focuses on the most critical parts of Assessment practice. The three sections of the tool include: 1) *General Assessment Practice* (thoroughness), 2) *Safety Planning*, and 3) *Disposition*. They are described in more detail in the 2020-2024 CFSP. Over the last year, additional information has been included in the Assessment Review process by including assessments that are identified for Rapid Safety Feedback, Low/Moderate Risk (alternative process).

### *INTAKE REVIEW TOOL*

The Intake Review Tool focuses on Information and Decision Making, as well as Structure and Clarity of reports. Reports of maltreatment are scored on the following five criteria: 1) Complete- Complete reports give DOs as much relevant, accurate information as possible; 2) Objective- Objective reports provide “just the facts” and refrain from shading into opinion; 3) Screening and Allegation decision- Content in the report supports the decision to screen-in or out as well as the allegation selected based on policy; 4) Response Priority- Content in the report supports response priority level; 5) Clear- Clear reports are well-structured, easy to read and understand. Easy for DOs to quickly find and use information.

### *DEBRIEF AND DATA SHARING*

Debrief calls with the District Office Supervisor, other Assessment Supervisors and the Field Administrator of the office being reviewed continue to be held on the same day of the review,

providing preliminary findings. Finalized assessment review and intake review data continues to be shared, along with the completed tools so that offices may independently review specific results and comments made during the review. Practice Improvement

The use of individual Practice Improvement Initiatives for offices continues to be on home while NH is working under a Program Improvement Plan, as many of these areas are also addressed through PIP strategies and key actions. Additionally trends in improvement areas are shared with Field Administration and through practice discussions at the Intake and Assessment Workgroup, Leadership Meetings and/or through coaching during Rapid Safety Feedback teamings.

### *EVALUATION OF THE PROCESS*

The Intake and Assessment Review QA team continuously reviews the process and tool to ensure that it meets the needs of our practice. In addition to standard assessment reviews, the team also conducts targeted reviews when requested. Some examples of ad hoc reviews include: assessments closed unfounded, but with reasonable concern, Low/Moderate Risk assessments, or Rapid Safety Feedback assessments.

Over the next three years, the Assessment Reviews process will continue to grow in terms of how reviews are conducted, what data is collected (i.e. comparing results of assessments flagged for Rapid Safety Feedback with general assessments), and how data collected is utilized to inform practice decisions, and improve field practice.

### Foundational Administrative Structure

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire received an overall strengths for Item 25 *Quality Assurance System* based on information from the statewide assessment and stakeholder interviews. As stated in the CFSR Final Report, New Hampshire has many key aspects of a CQI system. New Hampshire has an administrative foundational structure that oversees all CQI activities.

New Hampshire has an administrative foundational structure that oversees all CQI activities. The Bureau of Research, Evaluation and Reporting (BRER) consists of a Bureau Chief, QA Administrator/CFSR Coordinator, the Senior Data Manager, data manager, data analyst and two program specialists.

The Bureau of Professional and Strategic Development (BPSD) consists of a Bureau Chief, QI Administrator, Senior Planner and Training Administrator, as well as two program supervisors and four program specialists. These two Bureaus collaboratively work together to ensure implementation, monitoring and evaluation of Division initiatives.

### Quality Data Collection

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire received an overall strengths for Item 25 *Quality Assurance System* based on information from the statewide assessment and stakeholder interviews. As stated in the CFSR Final Report, New Hampshire has many key aspects of a CQI system.

The CQI process collects and analyzes data. One area that was noted as a possible area that could be strengthened is how the data that are disseminated to the stakeholders are organized. Specifically, stakeholders noted in CFSR focus groups, that various data streams- ROM, Bridges, and Case Practice Reviews- are inconsistent and that makes it hard for them to ascertain what data points to use to improve practice. Over the last two years, the data team and CFSR Coordinator have worked to try to streamline data for reporting to ensure the data presented is necessary to enhance the story being told. Over the next three years, the data team will continue to strive to identify and utilize the strongest data source to articulate information, as well as identify what insights can be derived from the data. Further, emphasis will continue to be made on the importance of consistent, timely and quality data entry for accurate reporting output. Quality data entry will be addressed in the BIS Federal Data Quality Plan.

### Case Review Data and Process

The Case Review and Data Process remain as described in the 2020-2024 CFSP.

### Analysis and Dissemination of Quality Data

DCYF runs and analyzes data on a consistent basis. Currently there are approximately twenty-three reports run monthly and placed in a network folder where supervisors and administration have access. Further, there are more than eighty reports available on Result Oriented Management (ROM), a web-based reporting application, in which anyone in DCYF can gain access through a username and password upon request. Data team members have provided some 1:1 support in District Offices and at State Office to increase staff's familiarity with and use of ROM. A one page summary report was created in ROM that includes fields from the 5 most used assessment focused data reports to track and manage assessment workload.

Over the last year, the data team has been working to automate these reports to obtain greater efficiency and more timely data. Over the next several years, there will be increased ability to have more accurate, consistent and quality data through the design, formation and implementation of the Comprehensive Child Welfare Information System (CCWIS). The new system can be designed to be more conducive to practice changes as well as monitor standards, provide process checks, credibility, accessibility, completeness, readability, objectivity and verify other data



characteristics. Accuracy and timeliness of data, will assist in the success of all CQI activities. The Bureau of Information Systems (BIS) in collaboration with the Bureau of Research, Evaluation and Reporting are currently in the process of developing a data quality and integrity plan which will identify a regular quality assurance process to ensure data integrity.

A statewide dashboard has been created and is being expanded for reporting commonly requested data as well as PIP goal measurements. The dashboard currently includes data divided into the areas of Intake, Assessment, Cases, and Placement. There is also a COVID- Dashboard. These dashboards are accessible through the network drive. There needs to be increased messaging about this dashboard as it is currently underutilized. The next step is each district office will have a dashboard that mirrors the statewide dashboard but will only include data for their district office. This will enable the offices to see their individual progress toward these goals as compared to the statewide functioning. Similar dashboards will be made available for office specific data to the individual offices to enhance their ability use data in practice. For example, data on meeting initial face to face timeframes is being prepared both at the state and at the District Office level.

### Feedback and Adjustment Process

The Division for Children, Youth and Families gathers qualitative and quantitative data as a critical component to driving change within the organization and improving outcomes for children and families. The feedback received from quality assurance activities and data analysis fuels the Division's processes to adjust supportive systems, policies, and trainings to meet the changing needs of staff. The Division honors every instance as a teachable moment that results in opportunity to move practice forward.

In an effort to make policy more user-friendly, the policy team asked for input on policy development and what would make policy more helpful to the field. The policy team will endeavor to make policy more concise and clear, particularly what and how information is to be entered into Bridges so that it can be pulled as accurate data. Being clear about what is required by the policy will also help with fidelity to the policy. Over the last year, policy was separated into two sections: one for the actual policy (what is to be done) and procedures (how it is to be done). This will help differentiate between the "shall" (policy) vs. "should" (procedure) in policy. As stated previously, policy development under the supervision of the General Counsel, to ensure alignment between statute, rules and policy and to ensure legal acceptability of rules and policies being revised or developed.

Data itself undergoes continuous quality improvement. The data team continues to respond to concerns that arise in ROM as described in the 2020-2024 CFSP. In an effort to make communication with the data team easier to report a concern or ask a question about data, either in ROM or the dashboards, a button has been attached to the statewide dashboards that provides a



direct email from the dashboards. However, staff need to be made more aware of this feature as it is currently not being used or accessed. A button has also been added to the statewide dashboard that links directly to ROM to make it more accessible to users.

## Items 26 Initial Staff Training

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire received an overall rating of *Area Needing Improvement* in the systemic factor staff and provider training (ongoing staff training). At the time, there were different annual training requirements for Child Protective Service Workers and Juvenile Probation and Parole Officers within the Division, and at the time of the 2018 CFSR, DCYF, through the former training contractor, was unable to track compliance accurately with the staff annual training standards. Additionally, it was determined that there was not relevant training available for supervisors.

### Current Functioning of the Systemic Factor

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire was found to be in substantial conformity with the systemic factor initial staff training.

The Division for Children, Youth and Families' (DCYF), Bureau of Professional and Strategic Development has continued to utilize an array of internal and external partnerships to deliver trainings to staff to prepare them for their role in delivering services. Evaluation and revision of pre-service and ongoing trainings to incorporate current research, integration points across audiences, and best practices is ongoing.

### CORE ACADEMY

Core Academy continues to be offered quarterly as described in the 2020-2024 CFSP.

### MENTORING

The Workforce Development Committee has been working on a revision of the Mentor Model, including creating established guidelines for mentoring across the agency, and training. Over the last year, the committee has accomplished the following:

- 1) The mentoring system has been evaluated.
- 2) A new model of mentoring/coaching has been developed and the team is now working on the development of policies and the revised mentor training packet.

- 3) Incentives for mentors have been identified. In an effort to generate interest, and make this a desirable professional growth opportunity for staff, Field Training Officers, Field Training Specialists and Facility Training Specialists will become certified as agency mentors and will be seen as leaders within their offices. This is an experience that can be used on a resume for leadership experience.
- 4) The team continues to look into new opportunities for mentors and mentees to come together to review roles and responsibilities for field training, which aligns with the new policies and field training packet. This opportunity would also ensure mentorship experiences are consistent across all District Offices and will serve as the mentor's certification as a mentor which is valid for three years. While a training revision has not yet been developed, there is a current training which is offered for mentees about what is required for them in field training experience including how to advocate for themselves in their work.
- 5) The mentoring log will be revised to align with Core Academy for Child Protection, Juvenile Justice and SYSC, so that mentors are addressing in mentoring what staff have learned in training. There are some elements on the field training packet which need to be further revised to ensure the success of the mentee in achieving items on their field training log which do not occur on a regular basis such as observations of specific court hearings.

### CORE ACADEMY CAPSTONE

Due to the COVID 19 pandemic a Core Academy Capstone has not been held in 2020. Staff who have historically participated in Capstones report that it is the culmination of their Core Training and it gives them an opportunity to celebrate their learning and accomplishments. Capstone is a self-guided opportunity for graduated staff to share their biggest take away has been while participating in Core, as well as what their goals are over the next several years. However under the current model, Capstone is required for graduation, and there are concerns that this could cause delays in transitioning trained staff into field work. Over the next year, the CWEP and BPSD team will determine how best to accomplish a Capstone, including determining if the process should be voluntary or required, as well as identifying additional guidance to reduce anxiety that some staff may feel about presenting or discussing their learning with members of senior leadership. DCYF and the Child Welfare Education Partnership will also consider how this information can be utilized to assist in evaluating staff's experiences.

In 2020, sixty-six (66) staff graduated from Core Academy. Fifty-eight (58) Child Protective Service Workers, six (6) Juvenile Probation and Parole Officers, and two (2) Youth Counselors (*Data Source: CWEP Training Attendance; Aggregated from CWEP quarterly CQI reports*)

### Progress to Maintain Substantial Conformity

Initial training was not an area identified as not in substantial conformity in the Child and Family Services Review. However, in order to sustain substantial conformity, DCYF and the Child Welfare Education Partnership (CWEP) continually review and update Core Academy curriculum to include current research and evidenced best practice as well as adding skill building activities to courses, which also includes simulations.

Additionally, all courses are continually reviewed and updated to ensure inclusion of current policy and practical application with documentation of activities in SACWIS/CCWIS. A new formal process for updating training when new policy is created or updated is being utilized. It is now regular practice that when new policies are implemented, the instructors are responsible for updating the training material and making sure that attendees receive the policies ahead of time to read and review with their mentor prior to the training.

New hires in Core Academy receive special attention from their Instructor Coach (IC) to make sure they are completing Core Academy as quickly, and efficiently as possible. Field Administrators also consider if new hires with previous training or experience can be granted permanent waivers for certain Core Academy courses in order to expedite their time when they can carry a case load.

In 2020 in response to the COVID -19 pandemic, CWEP and DCYF worked together to ensure that staff continue to receive training to be sufficiently qualified and ready to take on full case loads. All Core Academy courses were moved to Moodle by 6/30/20. This ensured trainings could be accessed at any time, and allowed for staff to complete a prerequisite training at their convenience, and reduced delays in staff progressing their Core Academy course work.

## Item 27: Ongoing Staff Training

### Current Functioning of the Systemic Factor

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire received an *Area Needing Improvement* in the systemic factor ongoing staff training. Information from the CFSR indicated New Hampshire struggles with tracking requirements for staff training, and trainings did not meet the needs of staff both in terms of the modality of trainings offered, as well as relevance to their job description.

### **ONGOING STAFF TRAINING**

See how DCYF has addressed concerns regarding ongoing staff training hours and relevant training in the Progress to Achieve Substantial Conformity below.

### *SUPERVISOR CORE ACADEMY*

Supervisor Core Academy was implemented in 2019, and evaluations were completed and analyzed. One critical piece of feedback was the request to incorporate Leadership within the curriculum. Recognizing the need for support, CWEP has procured a contract with the Butler Institute to work with the Child Welfare Education Partnership (CWEP) team to update competencies and curriculum development for Supervisor Core Academy.

### *EXTERNAL COLLABORATION AND TRAINING DELIVERY*

DCYF continues to collaborate with the New Hampshire Court Improvement Project to deliver trainings on finalized updates to protocols. CIP has developed a video training on the new protocols for Missing Parents and Parental Fitness Hearings. The training was delivered to Child Protection and DCYF Attorneys during the weeks of May 25 and June 1, 2020.

The New Hampshire Attorney General's Office has always included DCYF in targeted multidisciplinary training. Due to the COVID-19 pandemic, there was not an AG's conference held in 2020.

Staff are able to obtain training credit for a variety of training experiences. If staff attend CWEP-sponsored workshops, their attendance is shown by signing a training roster. If staff complete "outside" ongoing trainings (either in the classroom or online), proof of their attendance is provided to CWEP via a copy of the certificate of attendance they receive after they complete the training. For non-traditional training experiences, such as viewing leadership videos and talks, or reading professional books and sharing their learning with staff, staff receive training credit toward annual training hours based on reasonable duration of time it took to complete the learning.

### *LONG-TERM STAFF TRAINING*

#### **Plymouth State University and University of New Hampshire**

Through DCYF's Education Tuition Partnership Program (ETP), and partnerships with the Departments of Social Work at two University System of New Hampshire Schools: Plymouth State University and University of New Hampshire; DCYF continued to support up to nine current and/or potential employees annually to obtain a Bachelor of Social Work Degree or a Master's Degree in Social Work for one to two years of their college education. Staff who participate in these programs are able to count thirty to forty-five training hours toward their ongoing training requirements for each three to four credit graduate course, after CWEP receives a copy of the staff's course transcript. These long-term staff training programs each produces annual evaluation data as part of their contracts. These two contracts were renewed again for two years each, beginning July 1, 2020.

### Other Colleges and Universities

In addition to the contracted work with UNH and PSU, DCYF provides opportunities for staff members and students to participate in a variety of individualized internships. In 2020, DCYF hosted a total of 8 IV-E interns throughout the state all from child protection. Due to the pandemic, and work being conducted remotely, there were no standard internships.

During these internships, students gained valuable experience in the areas of Juvenile Justice justice service proceedings, child protection services and secure treatment. They also gained insight in the areas of special education, residential and clinical services. Additionally, the staff members who supervised these students benefited by discovering new and hidden talents, reducing overall employee workload by adding new member(s) to the team, as well as increased productivity, recruitment and retention.

### Progress to Achieve Substantial Conformity

Over the last year there has been a lot of work done to assess training needs, and identify trainings to meet those needs. Both the training program and CWEP team have participated ongoing in various workgroups, DCYF leadership team, utilizing prior conference training survey interests, participating in various CQI activities as well as Instructor Coaches speaking with staff in the local District Offices to obtain information on what current training needs and interests are.

Over the next year, the CWEP and training team will identify a more structured process for collecting training needs which are aligned with what data is identifying as areas of needs as well as training modalities. This process may be similar to another process which has been utilized over the last year in which there was a sub-committee developed specifically to identify training needs for staff in juvenile justice and at SYSC. Training topics were chosen based themes that were identified as needs through data. These themes were presented and staff identified the priority areas of need.

Training announcements of available trainings through CWEP and other training entities are distributed as needed to inform the field of relevant training opportunities. The training team has also begun a monthly newsletter that highlights upcoming training opportunities.

### Activities for Improvement

In the Round 3 *Program Improvement Plan*, Goal 4: Workforce Development, DCYF addresses staff ongoing training. In the coming year, DCYF will continue work on this strategy, as they collaborate with stakeholders and providers, DCYF and CWEP to ensure opportunities for ongoing training for all staff, which includes topics relevant to their job, and communicate these opportunities to staff. CWEP instructor coaches will continue regular visits to the DO to conduct informal assessments of staff in order to identify training needs. This will support the development

of new trainings or if appropriate, the instructor coaches will support staff to locate and access the relevant training requested. DCYF and the Child Welfare Education Partnership will promote opportunities for relevant ongoing training throughout the year for all staff.

## Staff Training Evaluation

### Current Functioning of the Systemic Factor

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire received an *Area Needing Improvement* in the systemic factor ongoing staff training. Information from the CFSR indicated New Hampshire struggles with tracking requirements for staff training, and trainings did not meet the needs of staff both in terms of the modality of trainings offered, as well as relevance to their job description.

### **MONITORING TRAINING REQUIREMENTS**

See *Progress to Achieve Substantial Conformity* below.

### **TRAINING EVALUATION**

Granite State College is required to meet specific standards regarding overall training satisfaction ratings and the percentage of attendees who completed training evaluations for ongoing training. This is an ongoing project and, since classes transitioned from face-to-face to on-line, CWEP's ability to gather evaluations has been compromised. They are aware of the challenge and have begun putting measures in place to ensure that evaluations are completed and reviewed.

There were 175 Core Academy courses delivered in 2020 (*Data Source: NH SACWIS*). Everyone attending these Core Academy courses receives a workshop evaluation form that evaluates attendees' experiences with material as the trainer has presented the information, satisfaction with the overall workshop, as well as how the workshop informed the attendee's practice. The number of total completed training evaluations submitted by attendees at each Core Academy training session in 2020 were 2,143 (*Data Source: CWEP Training Evaluations; Aggregated from CWEP quarterly CQI reports*). In 2020 respondents agreed that they would use what they learned from these sessions in their job and that the information increased their practice knowledge at ratings of 4.69 and 4.66 respectively on a five-point scale (*Data Source: CWEP Training Evaluations; Aggregated from CWEP quarterly CQI reports*).

### Progress to Achieve Substantial Conformity

In support of tracking required training hours and helping to identify training needs, CWEP team worked with the BEAR data team to create a database, which has the capacity to track staff training

for their regions. This has been tested, and revised to ensure it is user friendly for work in the field. The training report tracks new hires progression through Core, and existing employees ongoing training. The team will need to determine the frequency by which they need this information run. It was also presented to field leadership, and will be reviewed again following the improvements made. Instructor Coaches (ICs) will continue using this information when working with their offices around assessing annual training hours.

CWEP has also developed an evaluation team, who meets to review synthesized information from assessments and evaluations to determine course outcomes and the need for refreshers and refinement to trainings. This team has identified a variety of tools to support effective evaluation, and is now refocusing efforts at determining how to utilize this information to inform changes needed in trainings. The team continues to also consider measurement for course outcomes based on training evaluations. This information is reported out on a quarterly basis. In addition, the CWEP team meets as requested with the Leadership Team to discuss training and support for the field.

### Activities for Improvement

In the Round 3 *Program Improvement Plan*, Goal 4: Workforce Development, DCYF addresses tracking and monitoring of training requirements. In the coming year, CWEP will continue its work on this strategy as CWEP instructor coaches track ongoing training for their regions, provide reports and meet with district office supervisors and staff to assess their ongoing training needs, compliance with ongoing training and requirements during regularly scheduled visits to offices .

## **Item 28: Foster and Adoptive Parent Training**

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire received an overall rating of *Area Needing Improvement* in the systemic factors related to foster and adoptive parent training (Item 28) and foster and adoptive parenting licensing, recruitment and retention (Items 33-36).

## **Initial Provider Training**

### Current Functioning of the Systemic Factor

Since 2006, the Education and Training Partnership has delivered Foster and Adoptive Care Essentials (FACEs) to individuals interested in providing foster and/or adoptive care. This training series consists of twenty-one hours of training that promotes a better understanding of working with children, families and child placing agencies connected with DCYF. This training assists in preparing individuals to be skilled caregivers and professional team members. Birth parents are



also able to attend these trainings for their own knowledge and interest. Foster and adoptive parents who have been recruited and trained as instructors with Granite State College primarily instruct courses. In 2020, the seven, three- hour modules expanded to include an eighth module: Basic Medication Overview for Prospective Caregivers. The FACES series is delivered statewide and fulfills New Hampshire state training licensing requirements. These courses typically run as a series of eight modules and were delivered thirty-two times in 2020. Additionally, two modules within the series, Orientation and Regulations were delivered at a higher rate, with an additional 8 times, for a total of 40 times (*Data Source: CWEP Training Attendance Data; Aggregated from CWEP quarterly CQI reports*)

After the implementation of pre and post-tests across all modules, evaluation data combined from the full series of the Foster and Adoptive Care Essentials trainings, yielded a pre-test score of 88 and a post-test score of 97.2 thus highlighting the increased awareness and acquisition of knowledge that participants obtain throughout the series (*Data Source: CWEP Training Attendance Data; Aggregated from CWEP quarterly CQI reports*). At the option of the relative care provider, they have the opportunity to take this series should they wish to become licensed; however, they may opt to take some of these courses along with Relatively Speaking courses (described later in this Item), related specifically to them.

### RESIDENTIAL PROVIDER TRAINING

Residential Counselor Core Training (RCCT) is offered to residential care staff to support their work with children and youth in care and their families in any of New Hampshire's residential facilities. In the past, RCCT has been a thirty-hour competency-based training series, that provides generalized training that addresses the basic knowledge, skills and abilities essential to the position of residential counselor, regardless of the facility in which they are employed. This curriculum was not delivered in 2019 because it was in the process of being revised and updated. We anticipate delivery of this important training when updates are completed.

Trust Based Relational Intervention (TBRI®) continued to be offered in 2020. TBRI® is an attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children of any age. While the intervention is based on years of attachment, sensory processing, and neuroscience research, the heartbeat of TBRI® is connection. This training teaches caregivers and those who work with children from hard places to understand and use Empowering Principles to address physical needs, Connecting Principles for attachment needs, and Correcting Principles to disarm fear-based behaviors. In 2020, two TBRI® series were offered to foster and adoptive parents with 163 attendees were afforded the opportunity to participate in this innovative skill based model (*Data Source: USNH Banner 9 and Moodle registration system*). While only two sessions were run, the attendees surpassed attendees in 2019. Evaluation data from SFY20 shows that on a five point scale, staff rated 4.89 and 4.87 that they would “use what I learned this course in my



current role” and that the course “increased my knowledge of the subject matter” respectively. This is a slight increase from ratings in SFY19.

### **RELATIVE CAREGIVER TRAINING**

The Relatively Speaking training series continues to be delivered to relatives caring for children and youth in their homes. The full series of three modules was delivered four times in 2020 (*Data Source: USNH Banner 9 and Moodle registration system*). The series is offered with a rolling open enrollment throughout each term. The modules can be taken as a separate training or as assigned by a Resource Worker to augment FACEs training for relatives or other potential providers wanting or needing to be licensed. Relatives are encouraged to take ongoing trainings and participate in FACEs even if they are not intending to be licensed. This past year has resulted in the participation rate of relative caregivers to be the highest in the last seven years with 49 participating in 2020 (*Data Source: USNH Banner 9 and Moodle registration system*). Evaluation data from SFY20 shows that on a five-point scale, relative caregivers rated 4.38 that the course “met their needs as a relative caregiver or supportive caregiver” and 4.68 that they “will implement at least one concept/skill that they learned”.

### Progress to Achieve Substantial Conformity

Over the last year, FACEs was transitioned from traditional classroom training to an online platform in response to COVID-19. With more modules online, there has not been a focus on team teaching as it is less effective a method when training is delivered online. The Birth Parent/Youth Training Coordinator trains and ensures that parent and youth voice are infused throughout curriculum.

Tracks of training were explored. It was determined that there are a sufficient number of Caregiver Ongoing Trainings (COT) from which staff and providers can enroll. Tracks of training would limit the types of trainings that they could take. Limiting trainings would be problematic for a foster parent who is trying to align their training to the specific needs of a child or youth placed in their home. All COT learning objectives are listed with the course online so that those interested in enrolling are able to determine what the course is all about and help them decide which courses will best meet their needs.

In order to streamline enrollment of FACEs classes to ensure there are enough registrations for those individuals who are truly interested in becoming licensed as a foster parent, those who wish to enroll must participate in an informational session at a District Office about becoming a foster parent as well as complete a portion of the required steps to become a foster parent prior to enrollment. This also ensures more accurate data about those inquiring to become a foster parent as opposed to those individuals who do not have a need to enroll in this program; or are enrolling to build CEUs.

### Activities for Improvement

In the Round 3 *Program Improvement Plan*, Goal 5: Service Array, DCYF addresses initial provider training. In 2019 and early 2020, DCYF collaborated with the Child Welfare Education Partnership to enhance initial caregiver training for foster parents by updating FACES training and to make it available to take over the learning rich Moodle platform. Enhancements to FACES included a greater emphasis on working with birth parents, trauma-informed care, utilizing team teaching, utilizing the birth/youth training coordinator to recruit additional birth parent and youth participation in FACES training, and utilization of satisfaction surveys to determine improvements needed for scheduling and delivery methods for training.

Over the next year, DCYF and CWEP will review ways to further support relative caregivers in ensuring they have the adequate access to necessary knowledge and skills which will support them in being kinship caregivers for all children and youth, but especially for youth transitioning out of residential care.

## Ongoing Provider Training

### Current Functioning of the Systemic Factor

Initiated in 1996, the Caregiver Ongoing Training (COT) is a program of competency-based courses designed in collaboration with DCYF staff, resource parents, and residential childcare staff. Resource parents are required to have nine hours of ongoing training per year. Approximately 193 training courses were delivered statewide in local communities in 2020, which was a slight decrease from 2019. In 2020 however, 794 Resource Parents participated in COT courses and 112 staff members participated, which is a 58% increase in attendance (*Data Source: USNH Banner 9 and Moodle registration system*).

Evaluation data in 2020 shows that on a five point scale, foster parents rated 4.81 that they would “use what I learned in this course in my current role” and rated 4.69 that the course “increased my knowledge of the subject matter”.

### **2020 FOSTER AND ADOPTIVE PARENT CONFERENCE**

An important aspect of the support to NH's foster parents is the annual Foster and Adoptive Parent statewide conference. This conference is a joint effort between members of the NHFAPA, the Child Welfare Education Partnership, and DCYF. This year's 2019 conference highlighted several workshops specific to the needs of foster and adoptive parents. In 2020, the conference had 135 attendees; 110 were foster or adoptive parents, 13 DCYF staff members and 10 community partners. (*Data Source: CWEP Foster and Adoptive Parent Conference Report*). This conference focused on balance and provided several workshop opportunities for attendees.

### Progress to Achieve Substantial Conformity

The training team updated the FACES curriculum throughout 2019. All seven modules were updated and were also made available in an on-line format, 2020 an eighth module was added to the series. FACES is now available for traditional face-to-face delivery as well as on-line delivery over the learning rich Moodle platform.

The training team has also transitioned the Foster and Adoptive *Orientation and Regulations* trainings to on-line formats. This will make the trainings more accessible throughout the state and allow for greater attendance of prospective foster parents.

Finally, a project has begun to streamline admissions of FACES classes in an effort to prioritize attendance for prospective foster parents. It has become apparent that there is no central gatekeeper that assigns prospective foster parents to FACES trainings when the trainings are required. Instead, FACES classes are accessible to anyone, at times limiting participation of prospective foster parents due to class size. Over the last year a new system was put in place to ensure that prospective foster parents are prioritized to attend these valuable training opportunities.

### Activities for Improvement

In the Round 3 *Program Improvement Plan*, Goal 5: Service Array, DCYF addresses ongoing provider training. In this strategy, DCYF will collaborate with Child Welfare Education Partnership to enhance ongoing caregiver training for foster parents by a balance of training modalities including face to face and online, as well as utilization of satisfaction surveys to determine improvements needed for scheduling and delivery methods for training. DCYF and CWEP are working in partnership to develop a robust evaluation process to enhance ongoing caregiver training.

Over the next year, the CWEP team will review the Caregiver Ongoing Training to determine what is available for caregivers, and identified what needs to be updated and/or revised.

## **COURT AND CASA PARTNERSHIPS**

In collaboration with the NH Court Improvement Project Model Court Team, new court protocols have been developed which address the Court's inquiry of DCYF in regard to identifying, locating and engaging missing parents. These protocols were completed in February 2020, were trained to CASA, DCYF staff and Attorneys, Parent Attorneys and Judges between May and June 2020, and became effective July 1, 2020. CWEP delivered training to DCYF staff and attorneys, centered around the video, and which included a facilitated conversation between DCYF Administration and

field staff on the content of the video, protocols and new court order templates. All child protection field workers, supervisors and the DCYF attorneys, supervisors and paralegals were trained in May, 2020.

In addition, DCYF supported by CWEP developed a Multi-Disciplinary training with presenters from DCYF, NH Coalition Against Domestic and Sexual Violence, and the Center for Trauma-Responsive Practice Change for DCYF field, attorneys, CASA GALs, judges, court, and the Coalition. The panel training included the amendments to the Child Protection Act, statements of finding and purpose, the Definitions including in the Child Protection Act, the new Rebuttable Presumptions of Harm added to the neglect definitions, and child-parent psychotherapy.

## **Item 29-30: Array of Services and Resource Development**

### **Structured Assessment of Violence and Risk for Youth (SAVRY)**

#### Current Functioning of the Systemic Factor

Juvenile Justice Services has utilized the SAVRY since 2013 for all adjudicated youth. However, the use of the SAVRY has been suspended as of May 2019 because the licensing agreement expired. This required a new contract and approval for the funding to continue the use of the SAVRY, which will be available in the coming weeks. The new SAVRY agreement was signed and reinstituted on June 26, 2020. Other informal assessment methods continue to be used with assessing the risk and needs of the youth that include interview with youth, parents, prosecutors and other collateral contacts. The use of the PDI, Youth Information Sheets and CHINS screening tool used by the JJS supervisors are in place as we move closer to the use of a more formal assessment tool. Other assessment tools utilized may include review any educational or psychological reports on the youth, as well as any reports from home based services who may be working with the youth and family.

During the past year, a workgroup, led by the SYSC Director of Operations, has been studying the Child and Adolescent Needs and Strengths (CANS) tool. The decision has been made and confirmed that the CANS is and will be the only tool used in accordance with SB14 and Family First and will include some modifications as well as adding a few modules that will help identify risk. The CANS is a strengths and needs tool and by making the modifications to the CANS will help identify risk.

DCYF Juvenile Justice Services will be utilizing the CANS in conjunction with Child Protection, by community providers, independent assessors and Behavioral Health with the idea that no matter

what door a child comes in, the CANS would be done. CANS is a cloud-based system that could be accessed broadly and show assessment over time. It ties into the Family First Act by having appropriate decision making tools to determine effective service intervention.

### Progress to Achieve Substantial Conformity

Over the last year, the Division has continued to explore the use of the CANS tool and its implementation through the use of Implementation Science. Members of the workgroup attended a 2-day training on Implementation Science in February 2020 and received follow up technical assistance in May. Training will be developed and provided once decisions are made regarding the CANS or any other tools that might be used.

Over the past year the CANS workgroup transitioned leads to DCYF Associate Bureau Chief of Field Services Juvenile Justice and Field Administrator of Juvenile Justice. The group was also provided support from DCYF Project Manager in efforts to help guide an implementation plan. The group completed a time line for implementation related to education and training for both field practice areas. The workgroup has identified full implementation to be completed within Juvenile Justice Field Practice area by the end of December 2022, and implementation within the field practice area of Child Protection by the end of December 2023. The CANS workgroup participants have all be trained in administering the CANS. The group has also begun work to develop training on how to use information obtained from completion of the CANS assessment into case plan documents. Ongoing collaboration has occurred with the Bureau of Children's Behavioral Health for implementation across all domains. The cloud based platform contract provider is also being presented for approval at Governor and Council to support the implementation of CANS in all domains. Over the next year training will be provided to educate field services on the applicabilty of the CANS assessment related to CAT referrals in compliance with Families First Legislation, Juvenile Justice Field Services will be trained in administering the CANS, and using the information collected in the assessment for the purpose of case planning.

In order to address the issue of courts making dispositions prior to a risk/needs assessment being able to be done, as described in the [2020-2024 CFSP](#), DCYF is beginning work on a Juvenile Justice Certificate Reform Program through Georgetown University that includes someone from the court, as well as others in a multi-disciplinary team that includes representatives from DCYF Administration, Prosecution, Public Defender, Diversion and the Office of Child Advocacy. It will require fundamental changes on how and when to accept plea agreements upon completion of a formal assessment, such as the CANS.

### Activities for Improvement

There is currently proposed legislation to modify the diversion statute in New Hampshire implementing a referral option for law enforcement to DHHS for an assessment to be completed to inform disposition of a case. The referral will not be a mandate for non court cases but an option for law enforcement to make a referral for an assessment to be completed to help inform disposition. However, it will be a requirement for law enforcement to make a referral to DHHS for a strengths/needs assessment to be completed prior to a petition being filed with the court. The proposed legislative changes allow the information from the assessment to be used for the purpose of court disposition with the consent of the minor after consult with an attorney. This informed disposition will allow courts, prosecutors, defense counsel, and Juvenile Probation and Parole Officers to make informed decisions for best practice to work with youth and their families. A CANS assessment will be utilized for this purpose, and be administered by Juvenile Probation and Parole Officers. The goal for implementation of the CANS assessment for this purpose align with timeframes established in the prior goal.

## Child Advocacy Centers

### Overview

Child Advocacy Centers (CACs) provide a child/family friendly, victim centered, neutral setting for joint investigations and forensic interviews of child victims of crime involving sexual abuse, felony level physical abuse, and child witnesses to violence such as a homicide or a serious domestic assault. CACs are in every county of New Hampshire (two in Hillsborough County) and approximately 2,100 children are seen at CACs in NH each year.

CACs are responsible for the coordination of the multidisciplinary team, providing the forensic interview and coordinating referrals to ensure that children in these cases receive timely access to specialized medical attention and appropriate wrap-around services such as evidence based mental health treatment.

All eleven CACs in NH are Nationally Accredited with the National Children's Alliance and members of the Granite State Children's Alliance; the chapter organization representing the network of Child Advocacy Centers in NH.

The Division collaborates with the Child Advocacy Centers and other partners, such as, law enforcement and medical providers, to update the Attorney General's Task force on Child Abuse and Neglect Protocols. These protocols provide guidance and procedures, based on best practice standards to ensure a multidisciplinary approach to abuse and neglect investigations. The Division's collaboration with the Child Advocacy Centers is a focus of the protocols.

**KNOW & TELL®**The Granite State Children's Alliance (GSCA), is a statewide chapter organization dedicated to the needs of New Hampshire's child abuse victims first. Accredited by the National Children's Alliance (NCA), GSCA operates four Child Advocacy Centers (CACs) directly serving children of Belknap, Cheshire, and Hillsborough Counties, providing technical assistance, training, and organizational resources to all CACs in the state.

Starting in 2016, GSCA has promoted a public awareness campaign and educational program known as KNOW & TELL®. The program educates the community on their role as universal mandated reporters in New Hampshire and the importance of knowing the signs of abuse and neglect, and how to report any suspicion of abuse or neglect to the Division for Children, Youth and Families (or law enforcement in the cases of immediate safety concerns).

In 2018, DCYF joined the KNOW & TELL® Advisory Board and collaborated with the GSCA to develop the KNOW & TELL® Online eCourse that includes a series of videos demonstrating the 3 reporting modes (i.e., Full Disclosure, Disclosure Not Allowed, and Anonymous) and process for making a report to DCYF. These videos destigmatize what making a report really looks like, empowering adults to KNOW & TELL® when they suspect abuse. The eCourse and videos are shown at schools and youth serving organizations throughout NH, shared with providers and other child advocates at their conferences, as well as, other trainings. This chart shows the number and type of individuals trained in-person and online to date. As a result of COVID-19, all in-person training has ceased for the foreseeable future, but many are showing interest in the online training. Number and type of individuals trained in-person and online from start of program in 2016 to June 5, 2020.



Year	Educators	Healthcare Providers	Youth Organization	College Students	Law Enforcement/ Rescue Agency	Other	5 Actions to Protect a Child	Online eCourse	TOTAL
2016	120								120
2017	342								342
2018	446	60		253	8	132			899
2019	3,755	15	50	217		64		433	4,534
2020 COVID-19 Impacted #s	706	24 *New Healthcare Providers Course					842	123 (Pre- COVID-19) 931 (Post COVID-19) thru Nov2020	2,626
2021		37 Completed (27 Partially)					36	450	523
FY18- 21 Totals:	4,907	136	50	470	8	196	878	1,679	8,582
FY 16-21 TOTALS									9,044

(Data Source: Granite State Children's Alliance)

Currently, GSCA is in the process of expanding KNOW & TELL® with two additional programs:

**KNOW & TELL® for Healthcare Providers** consists of (6) 30-minute, in-depth modules and video vignettes that highlight the role that medical practitioners have in identifying and reporting suspicions of abuse/neglect. DCYF provided consultation regarding the script for these vignettes and also made intake staff available for filming. This program will be piloted virtually between January 2021-April 2021 and the produced by the National Criminal Justice Training Center (NCJTC) into an online eCourse for healthcare providers to complete at their own pace.

**KNOW & TELL® Peer-to-Peer Awareness Program** will **Educate** communities, **Inform** peers, and **Protect** youth by redefining the culture and stigma of child abuse and neglect through teen led development of educational materials and resources, fundraisers, and ambassadorship. The Peer-to-Peer Ambassadors have developed curriculum education, resource materials, PSAs, social media pages and content. They will be highlighting and launching the program in April 2021 for Child Abuse Prevention month.

**KNOW & TELL® Education & Training Sessions** were greatly reduced due to the COVID-19 Pandemic from March 2020-present. Training requests are starting to pick up again given the



passing of HB1558 which requires employing school administrative units, school districts, or chartered public schools to provide every school employee (including coaching staff) whose position requires a criminal background check with informational materials, training, or other education, either online or in person, concerning:

- child sexual abuse prevention,
- sexual assault and harassment policy training,
- warning signs of child abuse, and
- reporting mandates.

## Strength to Succeed

### Overview

Strength to Succeed is an innovative service model for parents involved with DCYF and impacted by substance related disorders, mental health, or engaged in chronic neglecting of their children. The innovation is that this model relies on "peer support" to instill hope, facilitate change, and strengthen parental capacity. Strength to Succeed hires, trains, and matches "Parent Partners", who are caregivers with life experience, to serve as "recovery coaches" and "family peer support specialists" to parents and relative caregivers newly involved with DCYF and needing recovery supports and/ or a helping hand. Parent Partners provide one on one support to parents and relative caregivers nurturing their hope, guiding them on how to navigate DCYF services, and helping them access resources to meet concrete immediate needs. This service model is now available for families in all of the DCYF regional offices and the scope has also been expanded to include families indicated for chronic neglect and/ or mental health. Early data and feedback from families receiving this service indicate that it does empower parents to make changes increasing reunifications and improving other child welfare outcomes.

Strength to Succeed, which matches with Parent Partners (See Section 2: Division Responsiveness to Community- NH Parent Partner Program) continues as described in the 2020-2024 APSR.

### Current Functioning of the Systemic Factor

Over the last year, the program focused on the following:

- Sustaining peer support to parents involved with DCYF and impacted by substance related disorders, and expanding the scope to also serve families where mental health or chronic neglect are a factor.

- Continuing to build capacity to scale all the components including supports to relative caregivers.
- Establishing fiscal sustainability beyond the 2-year grant, which ends September 30, 2021. Divison leaders have worked with Senior leaders within the Deparmtnet to create a fiscal sustainability plan to transiton this service model from being a grant funded project to becomig part of the Divison's budget starting on October 1, 2021.
- Evaluating key program components like onboarding, training, and supervision model to continue to build workforce capacity. To that end the program is exploring various coaching and supervision models, including the use of video taping for a coaching and staff development.
- Building capcity to design and implement DCYF 101 Orientation Session for DCYF parents beyond the testing phase. The pilot has been effective in providing information to parents on how to navigate the child werfare system and meet their case plan goals. This has been refined and is being implemented virtually this year.
- Continuing to strategically integrate Parent Partners into the DCYF local Better Together Teams to bring collaboration and integration to the ground level, and to work on various family engagemnt projects. This includes exploring how to scale a new emergint practice where offices are organizing "reunification celebrations" to honor familes who reunified and the people who supported them. Most of the field offices participated int his effort this year building on the success of the one that was held in Berlin last year. The goal is to integrate this as a standard practice in NH as the Division joins the nation in coming together every June to celebrate the families who reunified and recongeze the peope who supported them.

The Divison continues to practice "active contract and program management" by having monthly calls with both contractors to review implementation progress, examine impact, and determine course corrections where needed. Implementing this service model continues to be a strong partnership between DHHS/DCYF staff at all levels and the two contracting agencies. The providers continue to submit monthly aggregate data on services provided.

The following is data from Granite Pathewyas from July 1, 2020 through March 31, 2021:

- 356 Individuals Served
- 325 Parents Served impacting 615 Children
- 31 Relative Caregivers impacting 57 Children

- Of the above numbers:
- 13 Parents Reunified impacting 28 Children with their case closed
- 2 Relative Caregivers had whole family reunifications impacting 2 children
- 15 Parents have open cases that have been ordered reunified impacting 30 Children
- 44 Parents Assessments have closed impacting 87 Children.

The following is data from the Gorham Family Resource Center for the period between July 1, 2020 until March 30, 2021

- 305 individuals have received services through Strength to Succeed
- 106 parents served
- 154 children impacted
- 45 other close relatives served
- 5 families have had an abuse / neglect case closed with the outcome of reunification!
- and 34 more are still open, but the parent(s) and children are still working towards reunification which impacts another 40 children.
- 60 individuals served through Strength to Succeed with a DCYF “assessment”
- and 47 of assessments closed!
- S2S FRC cases that have come in on assessment 78% have successfully closed!

Activities to continue to scale and improve services include the following:

- a) Re-designing the supervision model for Parent Partners by hiring two field supervisors to provide immediate supervision, coaching and support to the team of line staff working directly with the families. And leveraging the on staff clinician to develop and utilize a video recording model to support coaching and workforce development as another key strategy to achieve those objectives;
- b) Partner with the clinicians providing MLADC services to DCYF involved families to design and implement 4 training sessions to increase awareness and help participants gain knowledge and skills on how to support people in recovery. These training sessions will be

co-facilitated by a MLADC and a Parent Partner to bring both the clinical and the “lived experience” lenses to promote best practices in this area;

- c) Continue to practice active contract management, sustain the partnership, and deepen the strategic inclusion of Parent Partners in direct service as well as system’s transformation efforts.

## Residential Treatment Reform

### Overview

The Residential Treatment programs continues as described in the 2020-2024 CFSP.

### Current Functioning of the Systemic Factor

Category	# Certified NH Programs
Assessment Treatment Programs	2 Programs
Intermediate Treatment Programs	4 Programs
Intensive Treatment Programs	16 Programs
Shelter Treatment Program	2 Program
Nursing and Rehab Program	1 Program

*(Data Source: Facility Census Report, May 2021)*

The Division has two Enhanced Treatment programs, one for males and one which is specifically for females. The new female program meets the needs of six females who are involved due to delinquency, CHINS, Abuse and Neglect, and Children’s Behavioral Health. This RFP was released in early 2019 and the contract has been operational for almost a year. This program is designed to meet the needs of these complex girls and address many of the treatment needs, which were previously being met out of the State.

### Progress to Achieve Substantial Conformity

Approximately \$300,000 State Dollars and \$300,000 State Advisory Group dollars have been made available to support residential treatment providers in becoming accredited. An RFA grant application to support accreditation had been released and responded to. The bids had been

reviewed and awards were made in 2020.. These Grants were designed to be a simple for providers to access funds and will support, not only accreditation but many of their efforts toward Family First Prevention Services (FFPSA) implementation including but not limited to:

- o Accreditation application fee;
- o Onsite costs for accreditation visit/survey;
- o Consultant fees;
- o Trauma Informed Training Model;
- o Implementation and training of a trauma informed model;
- o Training in the Six Core Strategies
- o Staff time for training; and
- o Personnel expenses that directly support accreditation activities.

The Bureau for Children's Behavioral Health (BCBH) and DCYF engage with residential providers monthly to address their Families First readiness and provide guidance. The DCYF Director also meets with providers quarterly.

Site reviews of the programs which were scheduled for an on site review have been completed this year. Technical Assistance is being provided to the programs which did not have an onsite this year. Due to COVID-19 all Site Reviews and Technical Assistance visits were held through the use of technology. Site Reviews and Technical assistance reviews for 2021 thus far have also been scheduled through the use of technology however BCBH has maintained the same schedule as previous years.

Although, DCYF offers a vast array of services to children, youth, and families there continues to be limitations as to the availability of the services and who can receive them. The Division and Bureau of Children's Behavioral Health had worked to assess the residential treatment levels of care, which are being added to the continuum of care within New Hampshire. DCYF has worked with BCBH to develop the levels of care, which had been shared with JJ FAs, JJ Sups, CPS FAs, as well as the providers and other stakeholders. The feedback from the field, providers and stakeholders has been incorporated into the document in order to assure that there is adoption of the new model. BCBH released a Request for Proposal (RFP) for a Psychiatric Residential Treatment Facility (PRTF) Level 5 and Residential Treatment Services Levels 1 through Level 4 and both of the RFPs have closed and are in negotiation.

As DCYF and BCBH seek a more universally useful tool to assess for needs for all ages that can be used at any entry point, the use of the CANS was explored and has been determined to be the tool of choice for our standard assessment. DCYF and BCBH continue to work together to determine their own and mutual wants and needs for the use of the tool. Possible persons who would use the CANS will include the Comprehensive Assessment for Treatment (CAT), JPPOs CPSWs doing CANS, providers who utilize CANS, in addition to the current providers ie. Care Management Entity (CME) , Community Mental Health Centers (CMHCs ) etc. In addition the Division and BCBH are working with a contractor who will support the data management of the CANS across not only the Division but the Mental Health serving systems.

The Child and Adolescent Needs and Strengths (CANS) is a multiple purpose information and integration tool that is designed to be the output of an assessment process. The purpose of the CANS is to accurately represent the shared vision of the child/youth serving system for children, youth, and families. As such, completion of the CANS is accomplished in order to allow for the effective communication of this shared vision for use at all levels of the system. Since its primary purpose is communication, the CANS is designed based on communication theory rather than using psychometric theories that have influenced most measurement development. The CANS was developed from a communication perspective in order to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.

SAVRY is a risk and needs assessment tool which has been historically used by Juvenile Justice and the Mental Health Screening tool was used by CPS and JJS. Utilizing both of these assessment, the CANS and the SAVRY for Juvenile Justice is duplicative and likewise with the Mental Health Screening tool. The CANS will replace the SAVRY and the Mental Health Screening Tool previously used by DCYF (Juvenile Justice and Child Protection).

Multiple CANS workgroups have been meeting over the last year and a CANS certified trainer workgroup has been established which is comprised of DHHS staff as well as staff from various other non-profit agencies. Efforts have begun to train all of the Residential Treatment Programs appropriate staff in CANS as well as others. Ongoing pilots of CANS have been conducted to track data to determine how precise of a match there is between where a youth is placed and the determined Levels of Care (LOC). The CANS LOC algorithm which was developed by Dr. John Lyons and the Praed Foundation will be used for the QRTP eligibility and LOC. Other related documents are in draft form, such as a referral form, guidance document and final reporting document.

DCYF continues to participate in Children's System of Care (CSOC) Advisory Committee 6 times a year. This committee is enacted to fulfill the requirements of NH RSA 135-F:9 System of Care

Advisory Committee. – “The department of education and the department of health and human services shall create a system of care advisory committee to improve the well-being of children and families; promote coordination across state agencies; identify cost-savings, opportunities to increase efficiency, and improvements to the service array and service delivery system and effectiveness; and assist and advise the commissioners of the department of education and the department of health and human services on the system of care principles and values and implementation of RSA 135-F. The committee shall include youth and families with relevant experience and members of the child-serving public and private agencies, including experts in education, community-based and facility-based behavioral health services, and effective administration of private and public educational and health services. The committee shall meet at least 6 times per year and at such other times as the chairperson deems necessary.” DCYF also participates in a number of the Care Management Entity (CME) workgroups in order to assure continued collaboration and partnership.

### Activities for Improvement

There are ongoing meetings with Managed Care Organizations (MCOs) about the payment and coverage for residential treatment by Medicaid. These conversations and partnership with the Medicaid office will continue as we move forward with our shift in Residential Treatment in NH.

DCYF and BCBH have been working together to implement the legislative mandates outlined in SB14 along with Family First Prevention Services Federal legislation. BCBH was allocated 5 positions to support the implementation of the requirements in both SB 14 and Family First. For the development and oversight of the residential system, 2 positions were allocated. Both positions have been filled and are working with BCBH on the oversight and development of residential treatment. Additionally, relative to Family First and SB14, an initial EBP grid has been produced and there will be additional work done in this area.

In terms of Residential Treatment Transformation together BCBH and DCYF released a Request for Procurement (RFP)s for Residential Levels of Care (L1 through L5) in late 2020 to establish new contracts for programs based on the new levels of care. The RFP included information regarding the department's projected utilization based on the new levels of care including previous utilization, current certified beds and number of youth out of State of New Hampshire. In addition a Request for Procurement (RFP) was also released for the Comprehensive Assessment in late 2020 for Treatment (CAT) which will support determining the youth's Level of Care based on a CANS algorithm. The assessment information will support projections in the future as the assessors will be able to demonstrate how many youth were referred, and how many of those youth would have been eligible for the level of care. This will support our future determination of beds.

DCYF and BCBH will work together to amend Administrative Rules and Policy as necessary to support the levels of care in the residential system with a target date of 2021 or later.

BCBH continues to implement RSA 135-F and RSA 169-C, RSA 169-B and RSA 169-D as it pertains to Residential Oversight. BCBH has contracted with the Care Management Entity to provide Transitional Residential (and Psychiatric) Enhanced Care Coordination (TR-ECC) to provide transitional support to all children in residential treatment settings funded by the Department. Through the two CME contracts TR-ECC has begun to roll out and is beginning on supporting shorter lengths of stay, transition support and coordination and successful reunifications.

Out of state placements continue to increase (between 79-83). Meetings between BCBH and DCYF have occurred to review these cases and assess the needs of the children who are placed in out of state residential treatment facilities. Likewise the RFPs for Residential Treatment prioritized New Hampshire and bordering New England States. DCYF will continue ongoing discussions with providers and review of the data around out of state placements and what could be provided in state that will be reflected in the new levels of care to ensure that the services are available close to the community of the child. This team was identified to begin to look at these situations regularly to not only look at the children but also to look at the data, the behaviors the program profile, the permanency and length of stay. Initial targets of the group is to review data, and then to also work on forming a report or form to capture information that would not be in bridges as well as creating a structured questions for staff when asking for out of state treatment episodes (justification etc.).

There are several additional items related to this work and those are in process. They are as follows:

- Mobile Crisis: RFP statewide children's mobile crisis which was released 10-16-20 is currently in negotiation
- RFP for information clearinghouse, system training and resource center "Technical Assistance and Training for Children's Behavioral Health Evidence Based Practices" was released 4-1-21 and was closed for response on 5-6-21
- CME Amendment for intensive community based support and psychiatric hospital oversight which has been completed and implemented
- Contract for second CME to include intensive community based support, Residential treatment and Psychiatric oversight was awarded and implemented



- Residential RFP (Level 1 through Level 4) was released 12-11-20 and has closed and is in negotiation
- PRTF RFP (Level 5) was released 10-23-21 and has closed and is in negotiation
- The RFP for the Comprehensive Assessment For Treatment (CAT) was released 10-23-21 and has closed and is in negotiation.

### Additional Services

There are a number of additional services and programs that are also included in *NH's Array of Services and Resource Development*. A list of these programs and their locations within this document are listed below.

#### Adoption and Post-Adoption Services

Please see [\*Section 5: Promoting Safe and Stable Families \(PSSF\) \(Title IV-B, Subpart 2\)\*](#)

#### Community-Based In-Home Services

Please see [\*Section 5: Updates to Service Description: Child and Family Services Continuum\*](#)

#### Community and Faith Based Initiative (CFBI)

Please see [\*Section 10: Foster and Adoptive Parent Diligent Recruitment Plan Current Recruitment And Retention Plan Components\*](#)

#### Comprehensive Family Support Services

Please see [\*Section 5: Updates to Service Description: Child and Family Services Continuum\*](#)

#### Family Violence Prevention Services

Please see [\*Section 5: Service Description \(Title IV-B, Subpart 1\)\*](#)

#### Foster Care Program

Please see [\*Section 5: Promoting Safe and Stable Families \(PSSF\) \(Title IV-B, Subpart 2\)\*](#)

#### Foster Care Health Program

Please see [Section 10: Updates to Targeted Plans: Health Care Oversight and Coordination Plan](#)

## Foster Care Recruitment and Retention

Please see [Section 10: Updates to Targeted Plans: Foster and Adoptive Parent Diligent Recruitment Plan](#)

## MLADC Program

Please see [Section 5: Service Description \(Title IV-B, Subpart 1\)](#)

## Item 31-32: Division Responsiveness to Community

### Child Specific Recruitment Consultation Meetings (formerly ISO Recruitment Meetings)

Throughout 2020 the foster care program implemented child specific recruitment consultation meetings as a redesign of the former ISO Recruitment meetings. The focus of these meetings was to provide consultation and support to resource staff to better equip them to recruit for child specific placement needs. For 2021, the meetings have again been refocused to fill the gap of resource specific training. This decision was made based on resource staff requests for training, survey results from foster care families to improve communication and customer service between case managers, resource staff and foster families and improved consistency when implementing practice and policy. In addition, foster care program supervisor and manager determined that the need for proper training of staff would increase resource staff retention, develop a workforce that is competent in administering resource functions, therefore increasing the ability to support and recruit for specialized placement needs.

A ‘foster care locator’ was developed using Microsoft Access to show which foster homes had openings. This started off well, but it is cumbersome to use, so it's not being used effectively. The foster care team is now exploring the purchase or development of a new data system that would provide a better mechanism for doing this.

The Foster Care Recruitment Specialist is also reaching out to ISO agencies to include them in various statewide meetings, such as the monthly Resource Roundup. In order to foster relationships and communication, local Resource Workers periodically meet with local agencies, and many of the agencies themselves reach out to Resource Workers at events or meetings. DHHS was able to increase the Medicaid rates for Individual Service Option (ISO) Foster care providers by 3.1% on January 1, 2020.

A committee has been formed to explore the option of returning Therapeutic Foster Care to the continuum of care available for children in need of placement. Therapeutic Foster Care is already supported through our Administrative Rules. The group is contemplating the various methods of bringing this service back in order to reduce the use of congregate care when children's needs and behaviors exceed those of our current foster care providers. The anticipated time line of restoring this service has been set for the fall of 2021.

### **Foster and Adoptive Parent Association (FAPA)**

The first general meeting of the re-organized New Hampshire Foster and Adoptive Parent Association (NHFAPA) was held on November 20, 2019 to elect a new board and adopt new bylaws. Through the effort of the new Executive Director, NHFAPA has returned to having a strong presence on social media and offers support and current information to foster parents. They have also taken over from DCYF the management of suitcase donations from the general public to ensure that children's belongings are treated respectfully. NHFAPA entered into a contract with DCYF to manage CARES grant funds to NH caregivers through an application process. This process distributed \$500,000 to NH foster and relative caregivers throughout the fall of 2020. In addition, NHFAPA distributed \$25.00 "thank you" gift cards totaling \$8000 to licensed foster families who had a placement during the months of November and December 2020.

The annual Foster and Adoptive Parent conference is incorporated into Caregiver training through the contract with Granite State College CWEP. NHFAPA has historically participated in the planning of the conference.

The 2020 Conference was held using a virtual format with 2 hour blocks each evening for 5 days. The theme for this year's conference was Choose Love, based on the Jesse Lewis' Choose Love Movement, started by his mother, Scarlet Lewis, after Jesse was murdered in the Sandy Hook school shooting. Scarlet Lewis will be the keynote speaker. The Choose Love curriculum is being implemented throughout NH in DCYF and schools, Dept of Corrections, Dept and Safety. The conference was well attended by foster care families, staff and community agency staff and received positive feedback from all.

Information about the Foster Parent Bill of Rights that was added to NH statute on June 25, 2018, has now been embedded in training for both staff and foster parents.

## Family Engagement:

### Incarcerated Parents

DCYF and Family Connections center work together to update the Department of Corrections (DOC) visitation forms that DCYF needs to complete in order for children to visit their parent. This was done to streamline the forms and provide additional clarity around the expectation that must be met when a child visits (e.g. specific attire requirements).

There was a delay in the DOC form and policy approval process. On February 18, 2021 the finalized forms and policy was emailed to all Child Protection, Juvenile Justice and Field Administrators for immediate use.

The Family Connections Center at the NH DOC came to a DCYF Leadership meeting to provide information about the support the Center provides incarcerated parents. The DOC, in collaboration with NH Children's Behavioral Collaborative hosted a free community event about 3 children who have an incarcerated parent and the impact it has on the children. The local DCYF staff in Concord were invited to participate. The same training has been held in several other offices for staff to participate as well.

The Director of the Family Connections Center and the DCYF Bureau Chief of Field Services have continued to periodically discuss and review how the systems are working together.

DOC has agreed to share inmate data keeping DCYF staff up-to-date on the status of parents incarcerated. However, there continues to be no progress on data sharing in the past year.

### NH Parent Partner Program (Better Together with Birth Parents)

The NH Parent Partner program remains as described in the [2020-2024 CFSP](#). CAPTA funds continue to be utilized to provide stipends for “parent leaders” involved the various activities of the Parent Partner Program. The Program budget is \$ 35,000. These funds are utilized to provide stipends for parent leaders who utilize their voices to impact positive changes in practice, policies and system. Parent leaders are fathers, mothers, and other adult caregivers with system experience who utilize their voices to impact changes. They serve as practice advisors, training partners, team leaders, and members of steering committees, workgroups and action teams. Funds are utilized to compensate them for their time and commitment to this work.

The NH Parent Partner Program was designed in 2010 and implementation started back in 2011. This year is the 10<sup>th</sup> Anniversary of the Program. Division staff and parent leaders already started a planning process to both celebrate this major milestone and also set the vision for the next decade. The Steering Committee is meeting regularly to achieve these 2 core objectives in 2021. The

*“As a birth parent I am celebrating just having the chance to make a difference!”*

*~ NH Father*

program has been structured to impact both practice and system's change. Each District Office has a “Better Together Team”. These “family engagement action teams” are comprised of child protection, juvenile justice staff and supervisors, foster parents, parent partners and community partners. These action teams have focused on leveraging the family voice to promoting strategies

and practices aimed at strengthening family engagement, co-creating and planning reunification celebrations, and building up partnerships within the community to better support the needs of families. In addition to local efforts, NH has a strong pool of parent leaders who are active partnering with the Division at statewide projects aimed at system's transformation. This program supports the facilitation of events such as Better Together Workshops. These experiential learning has two modules. One is the Better Together with Birth Parents and the other is the Better Together with Birth and Foster Parents. These workshops support workforce development by training every single staff joining the Division on a family engagement model that integrates parent empowerment as its core. Staff spend 2 days learning how to partner with families by listening directly from parents what is like to be involved with the Division and then engaging in dynamic activities to co-create tools and strategies that staff can integrate in their practice. Parent leaders also share their experiences at Family Voice Panels, which bring staff, families and caregivers together to share their experiences and stories to support an agency culture shift in support of more parent empowerment. Despite the impact of COVID-19 in 2020, these local Better Together Teams continued to hold their meetings monthly, now utilizing a virtual platform. The teams continue to work on various projects including the regional reunification celebrations. These celebrations were done virtually this past June; but even then they were very inspiring events, and generated momentum increasing interest as new parent joined the pool of parent leaders and more community partners joined the local teams increasing community partnerships and collaboration at the ground level. COVID-19 did impact the delivery of Better Together Workshops, however with the use of technology and innovation, the team was able to effectively deliver monthly virtual remote “Better Together Sessions” of this training since the fall of 2020. In addition, parent partners have continued to support the delivery of a simulated investigations training for new child protection staff. In 2020, a new youth has been integrated into caregiver ongoing training, to support integrating family voice and experience into training for caregivers.

During 2020, following the spread of COVID-19, parent leaders have remained very active in the teams. The Division has leveraged their voices, unique expertise and leadership to inform various projects from creating resource guide for families to working on service re-design to build System's capacity for prevention as called for by Family First Act. Early in the pandemic, the Division much like the rest of the country saw a drop in protective reports coming to the central intake. In response to that, NH developed a Resource Guide, which was designed to empower community members to support neighboring families in their community preventatively, rather than waiting until the family was already in crisis to react. The NH Parent Partner team was able to mobilize a pool of parent leaders to participate at meetings and partner with Division staff in co-creating the guide. The presence of people with lived experience/ expertise at the table was instrumental in shaping the tone and language, as well as in developing the best strategies for the distribution of this Resource Guide. The guide was also translated into Spanish to expand the support to more families across NH. At NH DCYF Central Intake, CPSWs are using this guide to make referrals for families who do not meet the criteria for a screened in referral to DCYF. In 2020, Casey Family Programs celebrated this work occurring in NH by highlighting it as a best practice. *See the publication here:* [How did New Hampshire create and distribute a resource guide to support child and family well-being during the COVID-19 emergency?](#)

Other select recent projects that strategically leveraged lived experience/expertise include the following:

### **NH Child Welfare System's Transformation**

[How is New Hampshire building a 21st century child strengthening and family well-being system?](#)

DHHS newly appointed Commissioner meets NH family leaders in Child Welfare: a transformative encounter that inspires and drives the NH effort to transform child welfare as we know it.

### **Reunification Celebrations**

Local "Better Together Teams" lead the planning of Reunification Celebrations. Parent leaders and Parent Partners are active members of these teams and take strong leadership in planning and running these powerful and moving events. Local TV station WMUR had a segment on the Berlin District Office Reunification Celebration

[Program helps parents reunite with children who were taken from home: Parents who have completed recovery help others in program](#)

## **Family First: Building Service Array for Prevention**

### [Partnering with the Harvard Kennedy School Government Performance Lab](#)

Family Leaders in Child Welfare have been actively engaged in the planning to re-design services and the procurement process participating in focuss groups, team meetings, and also the very design of service models.

### Father Engagement Action Team

The Father Engagement Action Team is a model for “change and implementation” that empowers people at the ground level to come together and work on co-creating change by testing small change in practice through the Plan Do Study Act (PDSA) cycle. This model of an action team was piloted in the Laconia District Office between 2011 and 2013. It produced great outcomes, but the Division was not able to scale the model statewide due to workforce challenges at the time and also the field being saturated with too many initiatives. The 2018 CFSR results highlighted the challenges of family engagement that the Division continues to face, especially with regards to engaging fathers. As DCYF developed the PIP, the Division decided to re-create the Father Engagement Action team as a strategy to build capacity to identify, locate and positively engage fathers. The team has been re-designed as a statewide action team comprised of fathers, mothers, field staff identified as fatherhood champions in each field office and community partners. The team works together to design strategies and activities and empowers the champions in each District Office who can spread enthusiasm for creating a space at every table for fathers, to empower fathers on the importance of their voice, and creating more opportunities for gender specific engagement. The Statewide team includes approximately 30 members and four subgroups which specialize in analyzing data to inform practice changes, training for staff, product development and a practice team which focuses on development and testing of new practices using the PDSA (plan, do study, act) process.

In response to a long-term father/parent leader, several staff commented, *“You have changed the perceptions of so many. Your voice continues to be heard... you have so much to be proud of.... You are an inspiration to all...Your strength, courage and honesty is truly an inspiration.”*

Father's Voice Panels - the Concord Better Together/FEAT team held the state's first father engagement panel. The event was described as very powerful, and an opportunity for staff to think about the work that they do with fathers, and what cultural changes will need to be made in order to approach the work differently. The FEAT team in partnership with the local Better Together Teams continues to organize monthly Father's Voice Panels bringing the voices of fathers to the staff at their field offices. The goal is to have a panel at each regional office by June of 2021. Following the panels, the fatherhood champions share tips and strategies, and work with their peers



on utilizing the PDSA process to create and test small practice changes. The Child Welfare Training Partnerships – Granite State College - has contracted a national consultant to work with the FEAT team on change and implementation of various strategies including an “Advance Practicum” to support building staff’s knowledge and competency on how to positively engage fathers. The co-leads of the team are also working with the consultant and DCYF training partners to develop additional trainings for field staff. In this phase 2 of re-designing and re-developing FEAT, the goal is “to bring the conversations and action” in change and implementation to the ground level at the field offices, to empower staff, parents and community partners to create practice changes and system transformation in this area by spreading the message that “fathers matter”. By combining experiential learning (through the panels) with the PDSA process, the TEAM has generated a lot of momentum regarding the importance of identifying, locating and positively engaging fathers. The strategic utilization of data to highlight areas needing improvement and also to monitor impact are equally important components of this multi layer/ multi year strategy to ensure that “engaging fathers” finds a natural place within day to day practice and work the Division does with families.

### Additional Services

There are a number of additional services and programs that are included in *NH’s Responsiveness to the Community*. A list of these programs and their locations within this document are listed below.

#### Bureau of Child Development and Head Start Collaboration

Please see [\*Section 1: Collaboration, Bureau of Child Development and Head Start Collaboration\*](#)

#### Community-Based Comprehensive Family Support Services

Please see [\*Section 5: Updates to Service Description: Child and Family Services Continuum\*](#)

#### Coordination with Tribes

Please see [\*Section 6: Consultation and Coordination Between States and Tribes\*](#)

#### Family Violence Prevention Specialist Program

Please see [\*Section 5: Promoting Safe and Stable Families \(PSSF\) \(Title IV-B, Subpart 2\)\*](#)



## Residential Treatment Reform

Please see [Section 2: Array of Services and Resource Development, Items 29 and 30](#)

## Roadmap to Reunification Program

Please see: [Service Description \(Title IV-B, Subpart 1\)](#)

## Tuition Waiver for Foster and Adopted Children Program

Please see [Section 7: Chafee Foster Care, Tuition Waiver Program](#)

## Youth Advisory Board

Please see [Section 1: Collaboration Oversight Panels](#)

## Youth Action Pool

Please see [Section 1: Collaboration Oversight Panels](#)

## **Item 33-35: Foster and Adoptive Parent Licensing, Recruitment, and Retention (45 CFR 1355.34 (c)(7))**

In the CFSR conducted in April 2018, evaluating families served by DCYF during the *Period Under Review*, April 2017-April 2018, New Hampshire received an overall rating of *Area Needing Improvement* in the systemic factors related to foster and adoptive parent training (Item 28) and foster and adoptive parenting licensing, recruitment and retention (Items 33-36). The CFSR found there were situations in which placements did not conform to the home's license standards (i.e. number of children exceeded the license capacity, or children were placed who did not meet the age ranges specified on the license). It found that the requirements to foster, adopt and/or become approved for relative placement is inconsistent. The CFSR found consistent recruitment was not occurring and there was no centrally organized recruitment plan for the State. Finally, it found New Hampshire does not have the ability to complete home studies on Interstate Compact on the Placement of Children (ICPC) cases within the 60-day timeline.

## Item 33: Standards Applied Equally

### Overview

On June 16, 2020, several changes to the Administrative Rule He-C 6446 which governs the foster care licensing requirements became effective. One of the primary changes equalizes the fire inspection standards which is discussed in the Fire Inspection section of Progress to Achieve Substantial Conformity below. Changes have been made to incorporate the required elements from the Family First Model Licensing Standards also discussed below under Progress to Achieve Substantial Conformity.

Licensing requirements for all New Hampshire resource homes are based in the New Hampshire Statute RSA 170-E and governed by Administrative Rule He-C 6446. These standards ensure that children being removed from their families are placed in a safe and nurturing family setting until they can be reunified or find permanency through adoption, guardianship or another planned permanent living arrangement.

New Hampshire does not require a relative caregiver to become a licensed foster family to accept placement of a relative child, although it is highly encouraged. NH uses the Bureau of Family Assistance definition for relative. Relatives can apply to be supported through funds available to Temporary and Needy Families (TANF). The current requirements for unpaid relative care include an immediate Central Registry check, an immediate local police check and a walk through of the home for safety. The relative is required to sign a *Relative Care Agreement* (form 1601), permission for a [New Hampshire State Criminal Record check](#) (not fingerprint based) and agreement to participate in a Relative Care Study. Relatives beyond the fourth degree of relationship are required to become licensed foster family providers. Following the guidance of Fostering Connections<sup>1</sup>, DCYF will allow for non-safety licensing waivers if they are found to create a barrier to the relative becoming licensed. The most frequently requested waiver is for pre-licensing training

### Current Functioning of the Systemic Factor

On June 16, 2020, changes to He-C 6446 which governs foster care licensing standards and requirements became effective which address an inequality with fire inspections and include requirements of the Family First model licensing standards. At the present time, NH is under a State of Emergency due to COVID-19. Due to necessary safety orders issued by the Governor, there have been barriers to completing some of the requirements for foster care licensing, specifically, livescan fingerprinting, fire inspections, health inspections and face to face interviews

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<sup>1</sup> Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351)

in the applicant's home. NH's Governor Chris Sununu has stayed the requirements which involve face-to-face contact through the State of Emergency. Fingerprinting must be completed 30 days after and inspections/home visits 90 days after emergency orders are lifted. .

### **STREAMLINING THE LICENSING PROCESS**

The DCYF Home Study Unit, along with other licensing agencies are still using the SAFE Home Study as described in the 2020-2024 CFSP to license foster homes. *See other streamlining efforts that have been made in the past year in Progress to Achieve Substantial Conformity below.*

New Hampshire utilizes the Structured *Analysis Family Evaluation* Home Study (SAFE Home Study) as the standard to be used by the Division and all Child Placing Agencies licensing foster homes. Training and certification for all persons licensing foster homes and their supervisors is provided with funds through the New Hampshire Adoption Preparation and Preservation grant (NHAPP). The SAFE Home Study is used on all new applicants with the goal that it will also be used for Interstate Compact on the Placement of Children (ICPC) licensing requests. There is an option to use SAFE for relative care providers but a modified relative/fictive kin homestudy is in draft and was piloted in 2020 with the intent to finalize this process in 2021. While the tool increased the amount of time required to complete a licensing study, it produced a higher quality assessment of the family.

In December 2016, DCYF created a Home Study Unit within the Bureau of Community Family and Program Support to address both the foster care shortage and to ensure that the SAFE Home Study was being completed consistently and with integrity to the model. The Home Study Unit has been focused on getting families through the home study process expediently so that they can be licensed. This unit has expanded to eight and one half full-time employees and now provides statewide coverage for all applicants looking to become licensed through the Division. The home study unit also conducts studies on relative caregivers who do not wish to become licensed. A smaller unit of three practitioners was also created to focus exclusively on ICPC home study and licensing requests. The Division also made changes to the Central Inquiry Unit for fostering, creating one position to support new foster parents through the process of completing required paperwork and training in an effort to streamline the process.

### **WAIVERS**

Waivers still function as described in the 2020-2024 CFSP.

The use of waivers for non-relative and relative care licensing increased in 2020 for a total of eleven (11) relative waivers being issued through the ICPC process, seventy (70) waivers issued for a variety of reasons to include emergency orders #18 and #29 issued due to the Covid pandemic that addressed inspections, finger printing, home visits; and non safety related items and training for relative and non-relatives licenses. Thirty (30) waivers were granted to non relative licensed

homes to allow an increase in the number of children placed to accommodate sibling placements and to maintain children closer to their community. One (1) waiver was issued to a nonrelative licensed family to serve a child under six specific to the influenza immunization requirements. *(Data Source: Waiver data collected by Program Specialist in Foster Care Program)*

### Progress to Achieve Substantial Conformity

DCYF has utilized the new Home Study unit to streamline the licensing process. The inquiry and application process has been centralized as well where there is now one person who does all the intake, collects the required paperwork, does the background checks, ensures local health and fire inspections are completed and any other aspects of the initial phases of the process, prior to the Home Study.

DCYF is now contacting applicants that go idle to find out where/why the process stopped. The most common reason that applicants go idle is due to family issues.

All required foster care program forms in NH are incorporated into Administrative Rule. Licensing forms have been revised to streamline the process and were distributed to DCYF and agency licensing staff for implementation on June 16, 2020.

The Foster Care program hired a part-time Foster Care Support Specialist in June 2020. This program specialist position overseas surveys to newly licensed foster families and foster homes who wish to be closed. The information is used to inform practice, policy and to create supports that are responsive to foster family needs. Starting in 2020 and continuing to develop in 2021 are 3 topic specific support groups. One specific to foster dads, one to support families caring for children with special education needs and the third specific to parenting infants/toddlers. In addition, a foster parent advisory group is being formed that will consist of 2 foster parents from each district office. The purpose of the advisory group is to funnel information into DCYF practice and programming that will enhance the supports and services to foster parents, allow a venue for their voice in practice and policy and improve communication between field staff and foster families. A quarterly newsletter, The Connector, has been reinstituted with information and articles designed specific to foster and relative care families.

The role of Resource Workers has been re-focused, allowing them to prioritize case management of their foster homes and recruitment. This helps ensure that foster parents are supported and that licenses are renewed according to regulations and in a timely fashion.

The Foster Care unit has worked with the Field Administrators and Permanency Supervisors to have consistent messaging to the field regarding foster care, which also creates equity among

expectation and how they are applied. Throughout 2020, a meeting specific to foster care management was the focus of monthly permanency supervisor meetings.

Relative caregivers are not required, but are highly encouraged to be licensed. A Relative Care Agreement is discussed and signed by the relative caregiver which describes what is expected on each side, especially in terms of safety. Policy is currently being updated that will require all new relative caregivers to have an opportunity to learn more about foster care licensing and the benefits of this process.

DCYF is now exploring a new foster care management database system that will allow for transparency between the agency and the caregiver starting from the inquiry process. The system will allow for market segmentation and heat mapping for targeted recruitment, tracking of inquiries, applicants and target populations, interactive forms completion and tracking of the licensign and relicensing process as well as a module for child placement matching.

### *LICENSE CAPACITY*

There still remains a shortage of licensed foster homes compared to the number of children needing foster care as described in the [2020-2024 CFSP](#). Although recent data indicated that the number of licensed homes increased in 2020 from 767 to 888 (Data Source: 2020 DCYF Data Book).

### *FIRE INSPECTIONS*

New Hampshire considers the fire inspection of an applicant's home as a critical safety item and will not waive this requirement for licensing. Previously, New Hampshire statute allowed that the fire inspection be completed by the local fire inspector and according to both state and local ordinance. The Division had a long-standing template for this inspection to act as a guide for the applicant and inspector. However, it became increasingly apparent over the years that this standard was not applied equally across the State. The template itself, had language that was outdated and confusing. Each town or city could require additional and more stringent requirements.

In 2019 HB-343 provided that a foster family home shall be exempt from local fire regulations and ordinances provided that the home complies with the requirements of the state fire code. The amendment to RSA 170-E:28 allowing for foster families to follow the appropriate single family or multi-unit dwelling provisions of the state fire code was approved by the Governor on June 7, 2019 with an effective date of August 6, 2019. During this past year, DCYF has worked to revise the foster care licensing rule, He-C 6446, which, among other things, incorporates these statewide fire inspection standards. This rule was approved by the Joint Legislative Committee on Administrative Rules (JLCAR) on June 12, 2020, and became effective June 16, 2020. Accompanying forms have been revised and were distributed on June 16, 2020. Now, fire inspections are completed by local fire inspectors using forms 1720 and 1720a, which standardize

the fire inspections across the state for one and two family dwellings and apartment buildings, respectively.

Due to the Covid pandemic emergency order #29 was issued that stayed the requirements for applicants to provide inspection reports by states and local officials (fire and health); that applicants meet (in person) with Division representatives or participate in the preparation of a home study; that applicants for foster family care have a fire inspection of the home and a health inspection of the home; and that an applicant for foster family care meet with all household members and representatives of the Division prior to issuance of a permit or a license

Although the requirements that the applicant meet in person, complete a home study or that all household members meet with a Division representative were allowable to waiver, the program choose to conduct virtual home visits to meet with the applicants and household members and conducted home studies in a non-contact manner. All fire and health inspectors are now conducting in person inspections which allows the applicant to choose to complete this aspect of licensing depending on their comfort level.

### *COMPLIANCE WITH FAMILY FIRST MODEL LICENSING STANDARDS*

The Family First Act included National Model Licensing Standards for foster care. NH's existing standards were in close alignment to the National Model but required a few additional elements to be in full compliance.

Initial training requirements for foster care applicants, Foster and Adoptive Care Essentials (FACEs), were expanded to include First Aid, CPR, Medication Management and the Reasonable and Prudent Parent Standards. RPPS was an existing course shifted to pre-licensing requirements. All other existing FACEs courses were refreshed and updated to include making all classes available online due to the State of Emergency.

The Medical Information required from an applicant and all household members was significantly changed in the rule to include the National standards concerning vaccinations for members of a foster family household. Certain exemptions are allowed if families serve children over six years old. Waivers are also considered for child specific situations, for example placing siblings together. The medical information is required for all first time applicants and has been added to the renewal application process as well.

Additional rule changes included adding a requirement for a check of the New Hampshire department of safety's division of state police "Registration of Criminal Offenders" for each household member, regardless of age; a requirement that every household have first aid supplies and several other NH based changes unrelated to Family First.

### Activities for Improvement

In the coming year the Foster Care unit will continue to focus on improvement efforts identified in 2020 and as outlined in the Round 3 Program Improvement Plan.

## **Item 34: Requirement for Criminal Background Checks**

### Overview

The requirements for Criminal Background Check remain as described in the 2020-2024 CFSP, with the exception of some temporary Executive Orders during the State of Emergency declared in NH due to COVID-19 as described below.

### Current Functioning of the Systemic Factor

Item 34 *Requirement for Criminal Background Checks* was rated as an *Area Needing Improvement* in the CFSR. "Information in the statewide assessment and collected during interviews with stakeholders showed that, although the State requires criminal background clearances for foster and adoptive families prior to placement and requires fingerprint-based clearances prior to licensure, the process is not consistent for relative caregivers. Stakeholders also said that the Live Scan Fingerprinting System, which is newly administered, is not easily available to prospective foster parents consistently throughout the State. This can result in licensing delays as prospective foster parents attempt to obtain the required background checks."

### **FBI FINGERPRINTING**

The FBI fingerprinting continues to function as described in the 2020-2024 CFSP, except that there are temporary Executive Orders from the NH Governor (Emergency Order #18, dated 3.27.2020) that allow for the following:

1. Due to concern for the health and safety of the public and staff during the COVID-19 pandemic, any state statute, rule, or regulation requiring individuals to be fingerprinted for purposes of a criminal history records check through the Federal Bureau of Investigation (FBI) are hereby deferred for the duration of the State of Emergency declared in Executive Order 2020-04 (the "State of Emergency"),
- c) All licenses or certifications issued during the pendency of this State of Emergency that otherwise require a full criminal history records check through the FBI prior to issuance shall be conditional. The state background check must be satisfactorily completed prior to the issuance of a conditional license. Full licensure or certification shall be conditioned upon fingerprinting and the satisfactory completion of a criminal history records check through the FBI. Within thirty (30) days of the termination of the State of Emergency, the individual must complete the fingerprinting portion of the FBI criminal history check and submit it to the Department of Safety. As time



permits, the Department of Safety will provide the results to the appropriate licensing entity for review.

Any new foster home permitted under this Emergency Order will need to come into compliance with the fingerprinting requirement within 30 days past the ending of the State of Emergency.

FBI fingerprint based record checks began in 2007 for all applicants seeking a foster home license as NH complied with the Adam Walsh Act. Foster parents who were originally licensed prior to July 1, 2007 and have continuously maintained their licenses do not need to be fingerprinted unless they are proceeding to adopt a child in their care. He-C 6446 requires that applicants and any other adult over twenty-one residing in the home undergo Live Scan fingerprinting with the New Hampshire Department of Safety for an initial license. There is a proposed rule change to reduce the requirement age to eighteen years old. RSA 170-E: 29 requires that the NH State Police complete all fingerprint based record checks for foster and adoptive applicants and that all requests must come through the Department.

### *RELATIVE CARE PLACEMENT*

New Hampshire does not require a relative caregiver to become a licensed foster family to accept placement of a relative child. However, relatives are highly encouraged to become licensed providers. Relatives beyond the 4th degree of relationship are required to become licensed foster family providers in order to receive financial support through the Department of Client Services and must follow the same safety check requirements as any other licensed foster applicant. DCYF is able, however to grant licensing waivers to relatives for non-safety related requirements if that requirement creates a barrier to licensing. The Fire and Health Inspections on a relative home are not eligible for a waiver for licensing. All relatives are required to sign a *Relative Care Agreement* (form 1601), when a child is placed in their home. This agreement between the family caregiver and the agency, describes what is expected on each side, especially in terms of safety. The Relative Care Agreement has been revised and enhanced for field workers to utilize to initially screen relatives for immediate placement and respond to safety issues if concerns arise during the home study process. The new design also improves clarity and information for the relative.

An abbreviated home study format is in development and in the pilot state as of February 2021. The home study is to be used for relative and fictive kin licensing and for relative non-licensed placements. The home study incorporates by reference a number of other forms required at time of placement such as the relative care agreement, genogram and ecomap describing supports, and financial statement. The home study incorporates 3-5 references utilizing adult children and property owners into this requirement. The number of home visits have decreased to 1-2 and the training requirements for licensing are waived pending recommendation of the Division representative. Policy changes are in place that requires all relative caregivers to be contacted about the options and benefits of licensing, and if they choose to be licensed it is expected that the



relative will receive a permit, if they pass requirements, allowing for a foster care stipend begin while the rest of the licensing requirements are being processed.

The requirements for unpaid relative care remain unchanged as described in the [2020-2024 CFSP](#).

#### Progress to Achieve Substantial Conformity

#### ***FBI FINGERPRINTING***

NH has not added additional Live Scan stations, but the distribution seems to be adequate for the state except in Lebanon or the North Country. Having centralized the inquiry process, there is one person overseeing the inquiry and application process, including background checks. With this support, the turnaround time for DCYF to obtain the results of fingerprinting is about two weeks, if done timely and accurately by the applicant.

There have been no new Federal Title IV-E Audits since the spring of 2019.

#### Activities for Improvement

In the coming year the Foster Care unit will complete an update of foster care policy and placement option policy that addresses applying equal standard to relative, fictive kin and non-related foster caregivers. Each caregiver will be contacted at time of placement to discuss placement needs and for those who are not licensed to either start the permit process for fictive kin or encourage relatives to be licensed. Resource workers are expected to contact each caregiver every 2 months to conduct a non-crisis “check-in”. Early discussions have started regarding the automatic referral for in home services for all relative and fictive kin placements at time of placement to assess for needs and support the family earlier.

### **Item 35: Diligent Recruitment of Foster Homes**

See Section 3, [Goal 2, Strategy 1](#) and Section 10, [Updates to the Foster and Adoptive Parent Diligent Recruitment Plan](#)

### **Item 36: State use of Cross-Jurisdictional Resources for Permanent Placements**

The Interstate Compact on Placement of Children (ICPC) Administrator is responsible for ensuring protection and services to children who are placed across state lines for foster care, adoption, parental, relative and residential placements. The Interstate Compact is a uniform law that has been enacted by all fifty states, the District of Columbia, Guam and the U.S Virgin Islands. It

establishes orderly procedures for the interstate placement of children and fixes responsibility for those involved in placing a child.

### Current Functioning of the Systemic Factor

The ICPC unit consists of 3 ICPC Home Study Practitioners that complete home studies. The ICPC Administrator provides direct oversight to the unit. The ICPC Administrator has implemented strategies and tracking mechanisms to ensure the timely completion of ICPC home studies. All incoming requests are reviewed thoroughly to ensure there is no missing information prior to assigning the home study to an ICPC worker. Other strategies include regularly checking tracking sheets, monthly supervision and monthly unit meetings. The ICPC unit has a goal of completing homestudies within timeframes 90-95% of the time over the next 5 years. The ICPC Administrator works closely with the DOs and the ICPC unit, and follows up when timeframes are not met.

For Sending ICPC referrals, District Offices have been provided all of the tools they need to complete ICPC packets. The template has been created and the checklist updated (as described in the 2020-2024 CFSP activities for improvement) and distributed to all DO's.

The ICPC Administrator uses a tracking sheet when sending a request to another state in order to monitor and follow up on timeliness.

The ICPC Administrator has expanded the role of the ICPC Administrator's responsibilities to include greater oversight of staff compliance with the ICPC rules and regulations. The ICPC Administrator schedules regular visits to the local offices, which has allowed staff and supervisors direct access to the ICPC Administrator for consultation and guidance. The ICPC Administrator tracks the timely submission of quarterly reports to the sending state, and sends reminder emails at the beginning of each month to remind staff that a quarterly report is due to be submitted that month. The implementation of this has shown an improvement in submitting these reports on time. A similar tracking sheet for children placed out of New Hampshire has been created so that the ICPC Administrator can ensure NH is receiving timely quarterly reports for children they have placed in other States.

All other current functioning continues as described in the [2020-2024 CFSP](#).

The following data was collected for the reporting period of Federal Fiscal Year (FFY) 2020 10/1/2019- 9/30/2020 (*Data Source: NH SACWIS, extracted 4/2/21*). Of 402 referrals that were reviewed by the ICPC Deputy Compact Administrator the chart below demonstrates length of time to completion.

Days to Complete	ICPC - Receiving into State	ICPC - Sending out of State
Within 30 days	42	8
31 to 60 days	54	9
61 to 75 days	19	7
Over 75 days	25	35
Not completed as of 4/2/2021	2	5
<b>Total ICPC</b>	<b>142</b>	<b>64</b>

Additionally, there were 29 Private adoptions were completed both sending and receiving.

According to the ICPC Administrator, the following circumstances continue to impact the timely completion of home studies within sixty days:

- Child was already living with the foster/relative family under Regulation 1 of the Interstate Compact, or in violation of the compact, at the time the request was received and the caregiver delayed submission of requested paperwork for a New Hampshire Foster Care License to be issued;
- The family is not responsive initially, and is not timely in completing necessary paperwork and requirements for foster care licensure, relative requirements or parent home study requirements;
- Significant information was not received at time the request for home study was received from the sending state; e. g., criminal record history of proposed caregiver, certain evaluations, information regarding the type of study needed, etc.;
- The assigned social worker finds during the home study process that significant information is needed in order to make a recommendation for approval or denial of the home study. The necessary follow up with collaterals such as therapists, physicians or law enforcement can delay timely completion;
- DCYF requested a mental health and/or substance abuse evaluation be completed to assess parental capacity to care for the child and was awaiting the outcome and recommendations prior to approving the home study;
- The number of incoming request has drastically increased and the ICPC unit is receiving more than double the amount of requests then what was projected based on previous years.

### Activities for Improvement

In the year ahead, the ICPC Administrator will continue to track progress of timely completion of all ICPC home study requests, both in the ICPC unit and in the DOs, to achieve the five year success rate of 90 to 95 percent.

The ICPC Administer plans to look at data now as an annual measure.

DCYF will continue to take the following actions in an effort to assure timely completion of home studies:

- Requests for home studies that are lacking all necessary information will not be assigned to the ICPC Unit until the ICPC Administrator has received the missing information;
- Direct oversight of the ICPC Unit by the ICPC Administrator, ensuring regular communication and that status updates are received;
- Constant review of tracking sheets that track timeframes for pending home studies and communication with the district offices and/or ICPC Unit regarding completion dates;
- Monthly ICPC Unit Staff Meetings to discuss improvements in the process in order to improve timeframes, as well as to come up with consistent ways of handling situations when families are not responsive and not timely with completing necessary paperwork.
- Completing a preliminary home study within the 60-day timeframe, even when paperwork hasn't been received and information is still needed.
- Attending office staff meetings, Family Service Unit meetings and/or Permanency Planning Team meetings to discuss timeframes around when to initiate a request so that permanency is not delayed and to avoid unnecessary placement changes while waiting for an ICPC to be completed. This will include how to engage out of state relatives that are not in close proximity to NH and how this impacts permanency.
- Ensuring the *ICPC Request Checklist* is up-to-date and ensuring all of the offices have the checklist that outlines what documents are needed for the ICPC packet.
- Utilizing the tracking sheet that shows when an ICPC request is sent to another state in order to follow up with the receiving state when the home study is due and to send consistent requests for status updates when a request is overdue.

## SECTION 3: UPDATE TO THE PLAN FOR IMPROVEMENT AND PROGRESS MADE TO IMPROVE OUTCOMES (NH'S GOALS)

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### GOAL 1:

ENSURE SAFETY AND RISK ARE PARAMOUNT TO EVERY DECISION MADE TO MITIGATE RISK OF HARM, THREATS OF DANGER, MALTREATMENT, AND RECIDIVISM

#### Strategy 1:

Create and utilize a mechanism to refer families not accepted for assessment to services from the intake level.

#### ACTIVITY 1:

##### 2021 UPDATE

1. Utilize the Intake Data Workgroup to identify factors in screened out referrals where families are most likely to be reported again for maltreatment within year one.

The Intake Data Workgroup began meeting in December of 2018 with the goal of looking at intake and assessment data to increase efficiency and consistency of decision-making at Central Intake and influence intake and assessment policy. Members of the group included staff (an administrator and data analyst) from the Bureau of Organizational Learning and Quality Improvement, Intake workers and supervisors, Assessment supervisors, and a Child Protection Field Administrator. Initially meetings were held twice per month and then changed to monthly. Beginning in October 2020, intake supervisors began to meet weekly to review more real-time data to actively manage performance. During meetings, quantitative data was discussed relative to the types of referrals being called in, the time-frames for processing reports at Intake, and the types of allegations by safety and risk assessment levels. In addition, qualitative referral and Assessment reviews were conducted to identify opportunities to improve quality of referrals. Through this work, intake was able to update their processes to more quickly process assessments. Specifically, in March 2018 the mean time to process all reports (from call to supervisory approval) was 67 hours (including reports taken on the weekend that are not approved until Monday morning) and 18 hours for screened-in reports. As of March 2019, after a series of changes were made at intake including adding staff and changing practices, the mean time from call to supervisor approval was just over 20 hours for all reports and 8 hours for screened-in

reports. Since technology improvements were made at intake, the mean hours for all reports to be processed dropped to 5 hours in March of 2020. *Data Source: NH Bridges, ROM* We are currently still hovering around that mean processing time (April 2021). The workgroup looked at how allegations for abuse and neglect intersected with safety assessments, risk assessments, and repeat reports. With technical assistance from the Evident Change formerly (National Council on Crime and Delinquency Children's Resource Center) this and associated case readings were used to redefine the categories of abuse and neglect for DCYF and these categories were utilized to update the Structured Decision Making (SDM) Screen-In Criteria tool. The SDM Intake Manual, including this tool, was finalized in March of 2020. It was around this time, that the Intake Data Workgroup changed the focus of its' efforts. This is complete and awaiting our new CWIS system.

2. Utilize the Intake Data Workgroup to identify key preventative services for these factors. These services should be identified as those provided by NH Department of Health and Human Services (the Department) and those provided in the community within year one.

DCYF did not do an in-depth analysis and did not go through this "risk factor to prevention service" mapping process. This is an area where the work has been adapted along the way based on what makes sense for the agency. Given the intake team's capacity, we decided to pilot a referral first and learn from them before building out something more robust.

DCYF identified substance exposed infants (SEI) as a high-risk group who are more likely to return to DCYF and will be screened-out prenatally due to limitations of DCYF's mandate of not being able to make direct referrals. This population is also easily identifiable by intake workers at the point of screening (particularly when we receive calls about pregnant women where SUD is a concern). As a result, we built a bridge to a known appropriate preventive service within DHHS (Healthy Families America) and are currently learning from that referral experience and collecting data.

When COVID-19 hit, DCYF leaders and intake supervisors identified that the intake team would have more capacity to make additional preventive referrals given declining call volume. With counsel from colleagues at DHHS, DCYF prioritized referrals to state-funded Family Resource Centers (FRCs). FRCs can serve an array of needs associated with poverty (which according to national research is linked with neglect, which makes up ~80% of allegations screened-in for assessment in NH). This decision was based on the insight that FRCs would be an appropriate, strong referral because they serve as the "front door" for preventative services in NH and have staff specially trained to match and direct families to appropriate services and resources. These Family Resource Centers are also the providers of Healthy Families America in most regions of the state. This route has proved more efficient and effective than training intake workers to try to accurately assess/diagnose family needs with a reporter on the phone (given the barriers we face in

that “one-step-removed” relationship) and given that FRC specialists are trained to do this matching and connection already.

In future, DCYF may identify other appropriate referral bridges that can be built to available DHHS services and will utilize analysis to support that as appropriate. We will also assess whether intake is the appropriate place for further referrals or if we can work through community partners using reporter data to get them to proactively make connections.

Central Intake continues to refer reporters of screened out reports to Family Resource Centers in the appropriate community. Whenever possible, Intake transfers screened-out reporters’ calls directly to the appropriate Family Resource Center. If reporters are not able or willing to have their call transferred, Intake instead offers to share the appropriate FRC’s contact information or share DCYF’S Child and Family Wellbeing guide (which includes resources and tips for engaging families).

3. Right now we are not seeing much effect in return rates to DCYF with a Screen in for referrals where a caller agreed to be transferred or took contact information versus reporters that declined. Our next steps include looking into seeing how many clients actually make it to services. There may be issues with a reporter following through and having this data will be able to lead the discussion around next steps. DCYF is also continuously working to improve Intake’s community referrals practice in coordination with our sister agency, the Division of Economic and Housing Stability, which manages the state’s contracts with Family Resource Centers. To increase the odds that Intake’s efforts result in families actually connecting to prevention resources, DCYF and DEHS have brainstormed practice criteria to better prioritize which calls to which DCYF offers community referrals. The three criteria of reporters that are being prioritized are, 1. Motivation – does the reporter seem willing to support the family through a community referral? 2. Type of Concern – is the concern one that a Family Resource Center could help with? (e.g. concrete needs and/or referrals to other community resources) and 3. Access to the Family – is the reporter likely to have continued contact with the family? At this time, we are mainly focusing on referrals to Family Resource Centers and using the data we collect to improve and make our practice more consistent over time, including maintaining the practice as overall Intake call volume begins to increase from COVID-era lows.
4. Consult with Division legal staff about the authority to make service recommendations to/for families in screened out referrals where high risk factors have been identified. This discussion should break down how confidentiality will be managed for both the Department and community services. This will occur within year one.

Division legal staff were consulted regarding the Division’s authority to make service recommendations to/for families in screened out referrals where high risk factors have been identified. It has been determined that DCYF does not have the authority to reach out to families on screened out referrals, but that the reporting party can be given the information



to make referrals to families. This includes forwarding the caller (family or relative) via phone directly to the agency so they can make the referral.

Central Intake staff continue to make referrals to the reporting party and transferring the reporting party directly to the Family Resource Centers whenever possible. DCYF is also working with our sister agency that manages the state's contracts with Family Resource Centers, the Division of Economic and Housing Stability, to help the FRCs' develop consistent and effective practices for engaging the reporters Intake transfers to them in order to try to reach families themselves. The Divisions continue to discuss what types of engagement practices the FRCs can and should use to encourage the reporters Intake transfers to them to offer families' prevention resources. This work includes developing suggested engagement practices to use for the different types of reporters DCYF Intake may transfer to Family Resource Centers. For example, the best way to engage a school reporter who is working with a family in an ongoing fashion may be different than the best way to support a neighbor or family member reporter who wants to help the family of concern, but is wary of approaching them with prevention resources. DCYF is also in the process of analyzing the data we have on the referrals Intake's made to-date to see how often this work has resulted in families connecting in prevention resources. The findings of this analysis may inform consideration of additional approaches to working with families to engage families of concern.

5. Utilize the Intake Data Workgroup in collaboration with identified service providers to develop a process/policy for Intake staff to make referrals to families in screened out referrals where high risk factors have been identified within year two.

At this time, Intake staff continue to make referrals to Healthy Families America for reports regarding pregnant people and for all other reports typically make referrals to state-funded Family Resource Centers. Family Resource Centers are experts in the vast array of services in each of their own communities and are able to either support callers directly or further assess needs and offer additional referrals.

Beginning in January 2020, Central Intake implemented a referral process to Healthy Families America, home visiting services, for calls received regarding pregnant mothers with concerns for Substance Use Disorders (SUD). Because the child protection system is statutorily empowered to respond to abuse or neglect concerns regarding children, these calls would historically be screened-out and often return after a child was born exposed to substances. This new partnership, between DCYF Intake and the Division of Public Health, resulted in 55 referrals to home visiting programs as of March 2021. Intake staff have a one-page form with talking points to review with reporters about this program. Thanks to the new phone system, Intake staff now have the ability to provide a warm hand off to the home visiting program to establish services. As of April 2020, intake started to make



referrals for families that intake identifies could utilize the services of the Family Resource Centers (and make a similar direct phone transfer). As discussed above, over time DCYF has developed practice criteria to prioritize which screened out calls are offered community referrals. In the future, the Division may also use data on which types of screened out reports most often subsequently screen in to DCYF to help further refine our community referrals prioritization.

6. Implement this process at Intake once other major change initiatives are complete (ex. new Structured Decision Making tools and new Comprehensive Child Welfare Information System). It is estimated this will begin in year two and be complete by the end of year three.
7. As noted above, DCYF Intake has already begun piloting a community referrals practice for screened-out reports. In advance of the completion of the new Comprehensive Child Welfare Information System, DCYF is using an interim tracking approach to ensure we can still assess and learn from our ongoing community referrals practice. This will also help us determine how best to build tracking into our long-term CCWIS technology. In collaboration with our DEHS counterparts who manage the state's contracts with Family Resource Centers DCYF intake supervisors routinely examine the data on community referrals and use it to refine the referral pathway DCYF Intake is developing in concert with state-contracted FRCs. To inform our pilot approach, we've also spoken with peer jurisdictions (San Diego and Boulder) doing similar work to consider how we might evolve this practice over time. The Bureau of Evaluation, Analytics and Reporting will track data and provide feedback to Intake staff relative to their identification of screened out referrals where families are identified as having these higher risk factors and the provision of service referrals to these families. This data should be made available to intake staff quarterly beginning year three and ongoing.
1. The process of making referrals at the Intake level has already begun and will continue separate from the work on Structured Decision Making tools. Training of Assessment staff on the new tools will be conducted in year two prior to the roll out of the new tools. The Division will coordinate with Evident Change to train supervisors and provide a train-the-trainer model to Child Welfare Education Partnership (CWEP). Staff from the Child Welfare Education Partnership will train field staff. The training will occur regarding the screening decision tools.

A tracking tool for Intake to utilize for reports where they have made referrals to Healthy Families America providers and the Family Resource Centers (often the same agencies) has been created and is currently being utilized. The Bureau of Evaluation, Analytics and Reporting staff continue to track data and provide feedback to Intake staff relative to many aspects of their work. This data is also being used to inform our the work our counterparts in the Division of Economic and Housing Stability are doing with the state-contracted

Family Resource Centers to ensure their side of Intake's community referrals handoffs are working well.

Measures of Progress:

1. Develop a practice for referring screened out families to referrals.
2. Evaluate the implementation of the policy by:
  - a. Tracking the number and percentage of screened out assessments where families are identified with these high risk factors.
  - b. Identifying a baseline measurement for how many of these families are subject to repeat reports of maltreatment.
  - c. Tracking the number and percentage of these identified assessments that receive referrals to services.
  - d. If possible, in conjunction with service providers, track the number and percentage of families referred by intake who accept and successfully complete services.
  - e. Starting six months after this practice has been implemented, identify bi-annually the number and percent of families meeting this criteria who are subject to repeat reports of maltreatment.

In year one, this is still in the process of development and implementation and our focus has been on using data to stand up this practice and establish consistent baselines. From July 2020 to March 2021, Intake made 1,450 community referrals via call transfers and sharing contact info to Family Resource Centers as well as by sharing DCYF's Child and Family Wellbeing guide. During that time frame the share of screened out referrals to which Intake offered a community referral has generally hovered around 20 percent, with an overall range of 10 to 40 percent. We've used this initial data on the frequency and warmth of referrals to inform initial implementation decisions in concert with our counterparts in the Division of Economic and Housing Stability (who manage the state's contracts with Family Resource Centers).

After close to a year of piloting this practice, we are now shifting our focus to assessing the outcomes of the work to date. As we cannot make a direct referral to the FRC unless it is the parent that is calling (generally we are working through reporters and encouraging them to make appropriate community referrals for families), we are not conclusively able to track the outcomes of the referrals we make. However, DCYF and DEHS are currently exploring what possibilities there are to get a rough estimate of service enrollments resulting from Intake's community referrals practice. DCYF is also working to assess the extent to which this practice has influenced the rate

of screen outs subsequently screened in to DCYF. We will continue to refine the ways we use data to consistently implement and improve this practice as it moves from its pilot phase to continuing operations.

### Staff Training, Technical Assistance and Evaluation

DCYF has accessed technical assistance from the Evident Change to update SDM screen in tools at Central Intake. No additional technical assistance or training will be necessary. The Division, through the Bureau of Evaluation, Analytics and Reporting staff, will be responsible for evaluation.

### Implementation Supports

Administration and staff time will be needed. DCYF has collaborated with the Division of Public Health Services (the managers of the state's Healthy Families America program) as well as the Division of Economic and Housing Stability (the managers of the state's contracts with Family Resource Centers). Moving forward, the Division will continue to assess if working through Family Resource Centers to thoroughly assess needs and offer additional community referrals is the most effective prevention pathway, or if Intake should consider adding referrals to additional services as part of standard practice.

### Strategy 2

Utilize evidence-informed objective tools to inform important case decisions (e.g. Voluntary services, safety planning, child removal, court action, etc.)

### **ACTIVITY 1:**

### **2021 UPDATE**

1. Update and Implement Structured Decision Making (SDM) tools for families involved in Child Protective Services to assist with decision-making in Assessments and Family Service Abuse/Neglect cases. Specifically the tools will guide decisions relative to safety assessment and planning, level of Division assessment, placement, and assessment and case closure.

Structured Decision Making (SDM) tools for families involved in Child Protective Services to assist with decision-making in Assessments and Family Service Abuse/Neglect cases are currently being updated and implemented with the assistance of Evident Change (formerly the National Council on Crime and Delinquency Children's Research Center).

Specifically the tools will guide decisions relative to safety assessment and planning, level of Division assessment, placement, and assessment and case closure.

- a.** The Division will collaborate with Evident Change to formalize a contract to update the Structured Decision Making tools in Assessment and Family Services early in year one.

This was initially complete in July 2019. The contract was good through June 30, 2021. As the work continues at this time, a two-year extension of the contract is being currently sought in order to complete the full implementation. It is expected that although the tools for intake, assessment and family service are all complete and the final manual will be complete by May 2021, that the integration of the tools into CCWIS and subsequent roll-out for practice (including training, full implementation, and evaluation) will occur after June 30, 2021.

- b.** The Division will collaborate with Evident Change as they conduct an evaluation of current Division practice relative to completing both Assessment (24 hour Safety Assessment, Safety Review, and Risk Assessment) and Family Services tools (In-home Risk Review and Reunification Risk Review). This will include reviewing policy, looking at data, and conducting a risk assessment validation study. To be completed the end of year one.

Complete.

- c.** Create a Structured Decision Making Assessment workgroup early in year one.

Complete.

- d.** The Structured Decision Making Assessment workgroup will collaborate with the Evident Change to customize the Assessment tools by year two. This will include the initial creation of the tools, inter-rater reliability testing, and field testing prior to finalization of the tool.

The Structured Decision Making Assessment workgroup began collaboration with the Evident Change to customize the Assessment tools in May of 2020. This started following the presentation by Evident Change of the Risk Validation Study and the Risk Validation Workgroup meeting to recommend a Risk Assessment Model. The model was approved in April 2020 by DCYF Administration. In May of 2020 the Risk Assessment Workgroup participated in 3 web-meetings and four half-day work-shops to finalize the Safety and Risk Assessments. The Assessment Structured Decision Making tools were considered a final draft as of the end of October 2020.

The SDM Safety Assessment will be more detailed than in the past as is consistent and is consistent with updated DCYF policy and safety planning training. The Risk Assessment will move from four levels (low, moderate, high and very high) to three levels (low, moderate, and high). The tools have been complete for some time and Evident Change is finalizing the manual (correcting grammar and formatting).

- e. The Structured Decision Making Assessment workgroup and the Division and Department Information Technology systems will collaborate with Evident Change to build the updated Structured Decision Making Tools into the new Comprehensive Child Welfare Information System by year two.

By October of 2020 final draft Structured Decision Making Assessment tools were turned over to the Division and Department of Information Technology systems so they could be built into the new Comprehensive Child Welfare Information System (CCWIS). Initially, it was planned these changes would be complete by April of 2021, but due to delays rolling out the intake module is expected that the Intake and Assessment modules will roll out together by early 2022. Therefore, an extension is needed for this step. It should be noted that the staff from the Department of Information Technology systems is involved in steering committee meetings with Evident Change every two weeks during which updates to the CCWIS roll-out are discussed. It is expected that by May or June of 2021 Evident Change will provide to the Department of Information Technology systems the “road-map” or technical expectations required for the Intake, Assessment and Family Service tools within CCWIS.

- f. Training of Assessment staff on the new tools will be conducted in year two prior to the roll out of the new tools. The Division will coordinate with Evident Change to train supervisors and provide a train-the-trainer model to Child Welfare Education Partnership (CWEP). Staff from the Child Welfare Education Partnership will train field staff.

It is still expected that training of Assessment staff on the new tools will be conducted prior to the roll out of the new tools. As the roll-out is delayed until the beginning of 2022, an extension of this task is required. Evident Change submitted a first draft of training curriculum during the spring of 2020. Since that time, decisions have been made to move towards a more remote learning approach. Staff from the Child Welfare Education Partnership are involved in steering committee meetings with Evident Change every two weeks and attend other ad hoc meetings where curriculum discussions have been held.

The Division will coordinate with Evident Change to train supervisors and provide a train-the-trainer model to Child Welfare Education Partnership (CWEP). Staff from the Child Welfare Education Partnership will train field staff. This is planned to occur one month prior to the new CCWIS roll-out that includes the tools.

- g.** Create a Structured Decision Making Family Service workgroup in year two.

Complete a year early.

- h.** The Structured Decision Making Family Service workgroup will collaborate with Evident Change to customize the Family Service tools (In-home Risk Review and Reunification Risk Review) by year three. This will include the initial creation of the tools, inter-rater reliability testing, and field testing prior to finalization of the tool.

Simultaneously to the Risk Validation Study work being completed, and prior to the Assessment Structured Decision Making Tools' update starting, the Family service workgroup met and completed the Family Service tools draft. This occurred during January and February of 2021. The draft tools were complete by the end of April 2021. DCYF Family Service staff participated in field testing and inter-rater reliability testing in May and June 2021. The final drafts were completed by the end of August 2020. At this time, Evident Change is working on adding the tools to the final manual (grammar and formatting changes only) and the final manual is expected by May 2021.

- i.** The Structured Decision Making Assessment workgroup and the Division and Department Information Technology systems will collaborate with Evident Change to build the updated Structured Decision Making Tools into the new Comprehensive Child Welfare Information System by year three.

By October of 2020 final draft Structured Decision Making Assessment tools were turned over to the Division and Department of Information Technology systems so they could be built into the new Comprehensive Child Welfare Information System (CCWIS). Initially, it was planned the Family Service module would roll out around April of 2022. However, due to delays rolling out the intake module is expected that this module will roll out together by early 2022. Therefore, an extension is needed for this step. It should be noted that the staff from the Department of Information Technology systems is involved in steering committee meetings with Evident Change every two weeks during which updates to the CCWIS roll-out are discussed. It is expected that by May or June of 2021 Evident Change will provide to the Department of Information Technology systems the

“road-map” or technical expectations required for the Intake, Assessment and Family Service tools within CCWIS.

Training of Assessment staff on the new Family Services tools will be conducted in year three prior to the roll out of the new tools. The Division will coordinate with the National Council on Crime and Delinquency to train supervisors and provide a train-the-trainer model to Child Welfare Education Partnership (CWEP). Staff from the Child Welfare Education Partnership will train field staff.

The Training of Family Service staff on the new Family Services tools will be conducted prior to the roll out of the new tools. Staff from the Child Welfare Education Partnership are involved in steering committee meetings with Evident Change every two weeks and attend other ad hoc meetings where curriculum discussions have been held. The Division will coordinate with Evident Change to train supervisors and provide a train-the-trainer model to Child Welfare Education Partnership (CWEP). Staff from the Child Welfare Education Partnership will train field staff. This is planned to occur one month prior to the new CCWIS roll-out that includes the tools; likely spring of 2023.

- j. The Division will specifically address the adaptive challenges to prior implementation of Structured Decision Making tools in two ways. These will be ongoing beginning in year two and completed by year five.
- Results from the tools will be discussed at all levels of the agency when making decisions relative to Assessments and Cases. This will begin upon implementation of the new tools.
  - Staff from the National Council on Crime and Delinquency will provide coaching to supervisors relative to using the tools in supervision.
  - Policy/practice changes will be implemented that indicate how the tool results are to be utilized in practice and changes to practice will be made. One example of this is that “off-ramps” to closing assessments with differing levels of work will be created for low and moderate risk families. Another will be the use of technology to improve timeliness of tools (ex. workers having access to the safety assessment through their phones/other devices while in the field).

The Division has already begun to address the adaptive challenges of using Structured Decision Making by updating policies and practices to support the use of the tools for decision-making. This includes allowing Intake staff to utilize screen-in tools and updating definitions of how concerns are categorized. It also includes developing an



updated case promotion matrix that indicates which families will have DCYF services (court and voluntary), which will be referred to Community Based Voluntary Services, which will be referred to other community services, and which families do not require referrals or further action. To support being able to provide services to families identified as high risk, additional funding has been authorized by the NH Legislature and supported by the Governor for Community Based Voluntary Services beginning in 2020. Efforts are being made currently to procure these services. Currently work has begun as well on policy for “off-ramps” for assessments that are low and moderate risk so worker can focus time and resources on high risk families.

### ACTIVITY 2:

1. Identify and Implement the use of an evidenced-based tool for youth involved in Juvenile Justice Services to assist with decision-making around supervision levels, placement, and service provision to mitigate safety and risk concerns.
  - a. Utilize existing DCYF Administrative team to research the [Child and Adolescent Needs and Strengths Assessment](#) (CANS) and compare to the Structured Assessment of Violence in Youth Assessment in order to determine the domains covered by each assessment and determine if the CANS alone can meet the Division's need for assessing safety and risk in Juvenile Justice Services. A decision will be made within the next two quarters (6 months) regarding which tool will be utilized.
  - b. Create a workgroup including DCYF Administration and Juvenile Justice field staff to work on the tools that will be utilized for safety and risk assessment. This should be done within one year of the tool being identified (18 months).
  - c. The workgroup will create a plan to roll out the tool and decide if it is done statewide or incrementally.
  - d. Train staff on the utilization of the new CANS tool and implement the roll out of the tool. This plan should include:
    - Decide when/where/how the tool is used and developing initial implementation plan by year two.
    - Engage stakeholders (Public Defenders, Courts and Court Diversion Programs) in assuring the tool is utilized for decision during the Court process within year three.



- Training for staff and implementation of the tool(s) within year four.
- e. Utilize the formal evidence-based tools to guide decision making around keeping youth at home and in their communities as needed. Identifying risk factors and providing services to mitigate the risk factors.
- f. Evaluate usage of the tools:
  - First six months post implementation, general data around the usage of the tool will be gathered and results shared with the offices.
  - Following that the fidelity to the tool and outcomes will be evaluated.
- g. Upon the Juvenile Justice module in CCWIS being developed, the tools will be integrated into the electronic data management system.
- h. The Division will specifically address the adaptive challenges to prior implementation of the current Juvenile Justice justice tool (the Structured Assessment of Violence in Youth) in two ways. These will be ongoing beginning in year two and completed by year five.
  - Results from the tools will be discussed at all levels of the agency when making decisions relative to cases. This will begin upon implementation of the new tools.
  - Coaching of supervisors relative to using the tools in supervision will be conducted.
  - Policy/practice changes will be implemented that indicate how the tool results are to be utilized in practice and changes to practice will be made. One example of this is that the tool will be utilized to assess risk for the youth and determine if placement is needed and, if so, the appropriate level of placement. Secondly, providers will be encouraged to utilize the same tool for consistency in language and treatment goals throughout the case. Policy/practice changes will be implemented that indicate how the tool results are to be utilized in practice and changes to practice will be made. One example of this is that the tool will be utilized to assess risk for the youth and determine if placement is needed and, if so, the appropriate level of placement. Secondly, providers will be encouraged to utilize the same tool for consistency in language and treatment goals throughout the case.

### 2020 UPDATE:

- a. Research for adopting a tool that would meet the needs of both JJS and CPS was made in conjunction with Children's Behavioral Health (CBH). The vision of both DCYF and CBH was to have a tool that would be universal across the New Hampshire. Providing a tool that could be used at any step in a child's life when needed without requiring state service involvement as part of the System of Care Network. Completed - CANS
- b. A workgroup has been formed that is inclusive of DCYF Administration, leadership and field staff from both JJ and CPS, Childrens Behavioral Health. The group began meeting in late Fall 2019 and continues to meet on a monthly basis. The workgroup is adding additional members from both BOLQI and CWIS for implementation supports. Initially the group met to review the foundational CANS used by community partners to adjust and modified the modules to be added to meet the needs of both JJ and CPS. The module modifications requires ammendments to the contract currently being completed with CBH. Reviewed the processes in both CPS and JJS for point of contact use. The current efforts include and understanding of the utilization of the CANS through case studies.
- c. A plan to roll out the tool and how to do it, is in the development phase and progressing with support through the Implementation Science technical assistance
- d.– h. These items are pending and not yet begun.

### Data Considerations

Please see *Round 3 Program Improvement Plan, Goal 1: Safety*, and [2020-2024 CFSP Section 2: Measures of Progress](#)

### Measures of Progress

#### ACTIVITY 1:

1. Completed evaluations (including Risk Validation Study) of current Assessment and Family Services practice with recommendations for changes moving forward. *In process*
2. Finalization of the Assessment Structured Decision Making Tools. *In process*
3. Certification by National Council on Crime and Delinquency of the Structured Decision Making Assessment Tools with the Comprehensive Child Welfare Information System. *In development*
4. Roll out of the Assessment Structured Decision Making Tools. *Not yet started*

5. Finalization of the Family Services Structured Decision Making Tools. *In process*
6. Certification by National Council on Crime and Delinquency of the Structured Decision Making Family Service Tools with the Comprehensive Child Welfare Information System. *In development*
7. Roll out of the Family Services Structured Decision Making Tools. *Not yet started*
8. Number/percentage of Assessments having Structured Decision Making tools completed timely. *Not applicable*
9. Number/percentage of assessments with low/moderate risk that are closed using “off ramps” or alternative practices. *Not applicable*
10. Number/percentage of Family Services cases having Structured Decision Making tools completed timely. *Not applicable*
11. CPR data on OSRI Item 3: *Risk and Safety Assessment and Management* relative to child protection cases.

## ACTIVITY 2:

1. Identification of a tool. *The CANS tool was chosen.*
2. Finalization of assessment tools. *In process*
3. Development of the implementation plan. *In process*
4. Statewide implementation of the tool. *Not yet started.*
5. Evaluation the training/implementation/usage of the tool including: *Not yet started.*
  - a. How many tools done.
  - b. Percentage of cases having the tool completed.
  - c. How many tools are completed timely.
  - d. Percentage of cases having the tool completed timely.
6. Evaluation the Division's fidelity to the tool using a Fidelity Evaluation tool ongoing after the first six months of tool usage. *Not yet started.*
7. CPR data on OSRI Item 3: *Risk and Safety Assessment and Management* relative to Juvenile Justice justice cases. *Not yet started.*

Staff Training, Technical Assistance and Evaluation

**ACTIVITY 1:**

The Division will receive technical assistance from the National Council on Crime and Delinquency, Children's Research Center.

**2020 UPDATE:**

To date this has included initial evaluation of the Intake, Assessment and Family Services Tools with recommendations for both new tools and supporting DCYF policy. In addition, NCCD has led work to update the Intake tools of the Screen-In Criteria and Response Priority and these tools are final at this time. NCCD is also in the process of working with DCYF to update the Assessment tools (Safety Assessment and Risk Assessment) and the Family Services tools (In-home Risk Review and Reunification Risk Review). NCCD is currently in the process of creating the training for the Intake tools and they will be responsible for training all staff at both Central Intake and Wediko, which holds the contract for DCYF After Hours Intake. Following completion of the Assessment and Family Services tools, NCCD will create the training curriculum for staff. This curriculum will be turned over to The Child Welfare Education Partnership (CWEP) staff to integrate into training for new workers. Once NCCD has certified the tools as part of the Division's Comprehensive Child Welfare Information System (CCWIS), training will be coordinated to occur one month prior to roll out of the CCWIS system. The National Council on Crime and Delinquency will be responsible for training all Child Protection Supervisors and CWEP through a train-the-trainer model. CWEP staff will be responsible to train field staff. It is expected all staff will be trained the month prior to the new CCWIS system, including the SDM tool, roll out. NCCD will provide two sessions of coaching to supervisors around the use of the tools for decision-making following roll-out of the tools. The Bureau of Organizational Learning and Quality Improvement will be responsible for evaluating the usage of the tools ongoing post roll out.

**ACTIVITY 2:**

The Division will continue to collaborate with the Center for Excellence in Tennessee and may work with Chapin Hall during the development and implementation of the Child and Adolescent Needs and Strengths tool. Training assistance will be provided through the Child Welfare Education Partnership (CWEP).

**2020 UPDATE:**

DCYF is in the early phases of this work, thus there is no evaluation data available.

### Implementation Supports

#### **ACTIVITY 1:**

Implementation supports include administration and staff time, Department Contract Unit assistance, funding through DCYF budget, policy changes, training, and collaboration with Information Technology will all be needed implementation supports.

#### **ACTIVITY 2:**

Implementation supports include administration and staff time, training, policy changes, and collaboration with Information Technology will all be needed implementation supports.

#### **2020 UPDATE:**

There has been one follow up meeting since the Implementation Science Training as an individualized support to this team.

### Strategy 3

Enhanced Safety and Risk mitigation strategies to improve practice

#### **ACTIVITY 1:**

#### **2021 UPDATE**

- 1.** Ensuring consistent assessment of safety and risk throughout the life of Juvenile Justice cases.
  - a.** Create by year five a Juvenile Justice System within and beyond the Division that focuses on the assessment and management of:
    - Safety and risk of the family and community.
    - Safety and risk of the youth and siblings in the home.
  - b.** Engage with the Courts around Juvenile Justice Protocols (see Round 3 Program Improvement, Goal 2 Permanency Strategy 2-Activity 8; also will be addressed in CFSP Goal 4: Partnership Strategy 2) by year two.

In Round 3 Program Improvement, Goal 2 Permanency Strategy 2-Activity 8, DCYF agreed to incorporate new concurrent planning policy and standards of practice into Core Academy curriculum for both CPS and JJS practice in support of caseworkers developing and transferring skills on how to develop and work an effective concurrent plan and how to have those conversations routinely with children/youth and families. DCYF's *Concurrent Planning* training,

is a web-based interactive training, which emphasizes family voice, with sustained attention to engaging fathers, and paternal relatives. There is also a focus on ensuring youth voice and maintaining connections including placement with siblings whenever possible. The concurrent planning training also aligns with DCYF and the Model Court Team's work to emphasize the use of guardianship as a permanency plan when appropriate. *Concurrent Planning* became available in March 2021.

2. Team with partners and stakeholders in assessing and managing safety and risk of youth, families and their communities.
  - a. Discussions with the Interagency Team around creating and implementing a plan to engage schools, law enforcement, Courts, providers, and the larger communities in assessing risk and mitigating. To begin in year one and be completed by year four.
  - b. Collaborate with the NH System of Care to provide wrap around services to eligible youth and families to begin year one and be completed by year four.
    - Specifically for Juvenile Justice justice youth meeting eligibility requirements, the Juvenile Probation and Parole officer will team with System of Care staff to provide wrap-around services.

Ongoing implementation of the CAT and CANS is underway to determine the strengths and needs of the youth and to determine the appropriate service intervention.

In accordance with statute Juvenile Justice staff are making referrals to the Care Management Entity for the purpose of wrap around services to be provided to youth either through Fast Forward programming or TR-ECC services. In addition Juvenile Justice has recent representation on the Care Management Entity collaboration group as well as the System of Care group that meet monthly to increase communication amongst the different stakeholders as well as overcome barriers for utilization of wrap services.

- Juvenile Justice Service's staff will collaborate with state and local prevention services for youth in efforts to keep them out of the Juvenile Justice justice system.

The Juvenile Justice Transformation project has begun with Affinity Groups within various groups that include JPPO's, Law Enforcement, Courts and Stake Holders. The focus of the groups will be to examine how this address youth and community needs. These groups are being rolled out through the coming months with the focus to assess youth prepetition to determine if needs and services can be accomplished with or without Court intervention. Litigation has been introduced through a House Bill supporting this effort with the Family Law Committee with anticipated

decision by the NH Legislature by 6/30/21. The Transformation will also focus on redesigning the Probationary Guidelines, or Conditions of Release of youth who are involved with Court, which will focus on strengthen based competencies to reduce recidivism and steer away from a sanctions based system.

For additional information on services designed to prevent juveniles from coming into state care, please see: [\*Section 5: Updates to Service Description: Child and Family Services Continuum-Multi-Systemic Therapy\*](#)

## ACTIVITY 2:

- 1.** Implement Special Medical Evaluations for Abuse/Neglect cases as authorized through HB521. Specifically to establish a child abuse specialized medical evaluation program in collaboration with existing public and private resources and services in NH that includes the following:
  - a.** CPS workers shall have on-call access, 24/7, to an experienced health care professional who is trained in and can advise on the diagnosis, treatment and disposition of suspected sexual and physical abuse.
  - b.** CPS workers who do screenings and assessment of reported abuse shall receive pre-service and periodic in-service training in standardized medical diagnostic methods, treatment and disposition by experienced health care providers.
  - c.** Annually, a limited number of designated health care providers geographically distributed shall be trained in nationally recognized curricula to respond to initial presentations of child sexual abuse, physical abuse and neglect.
  - d.** The providers in the program shall participate in periodic peer or expert review of their evaluations and get ongoing education in the medical evaluation of child abuse and neglect.
  - e.** The program shall be administered by a health care provider with experience in child abuse and neglect in collaboration with private and public entities under contract with DHHS.
  - f.** Reimbursement for providers in the program shall reflect the average cost to deliver such services including participation in multidisciplinary team activities and associated court proceedings (this reimbursement shall periodically be reviewed and revised as necessary).

In order to do this, the following actions will be taken:

2. Convene a meeting of DCYF staff and the medical community who brought forth HB 521 legislation to discuss the vision of the bill, the services provided within year one.
3. Create an ongoing workgroup to team with DCYF to create an implementation plan within year one
4. DCYF with the support of the ongoing workgroup will implement the plan by year five:
  - a. DCYF will identify the specific services desired within year one.
  - b. Identify a provider/lead agency to provide these services by year two.
  - c. Create a contract with the provider by year two.
  - d. Implement the Contract over the upcoming two years (by year 4).
5. Evaluate the usage of the program.
  - a. Create a Baseline: (Number of DCYF referrals of sexual abuse and serious physical abuse reported annually, Current percent of children referred to a CAC who obtain a medical evaluation is less than thirteen percent (although not a perfect baseline, DCYF independently is not able to obtain a separate baseline) within the first year.
  - b. Quarterly, once the program is implemented (by year four), obtain from the provider a number of medical referrals made to the program.
  - c. Quarterly, obtain from the provider a number of DCYF case consultations provided.
  - d. Identify a measure of effectiveness of the program and begin gathering data.

## 2020 UPDATE

1. DCYF has long had a vendor type relationship with Dartmouth Hitchcock Medical Center to provide special medical evaluations. DCYF is now seeking a sole source contract with Dartmouth Hitchcock Medical Center to provide special medical evaluations, consultation, and training per HB521. The items a.-f. above are inclusive in the contract. The contract is now in the final stages of development. DCYF hopes the contract will be finalized and in place late this summer (2020).
2. DCYF has met with the medical community regarding the needs of the contract.
3. A small workgroup convenes periodically to discuss the development of the contract. They will continue to meet to follow up on implementation and evaluation.



4. Steps a-c have already been completed. Step d. will begin when the contract is approved later this summer.
5. Evaluation of the program will begin when the contract is implemented according to the performance measures stipulated in the contract, and as described in a.- d. above.

#### Data Considerations

Please see *Round 3 Program Improvement Plan, Goal 1: Safety*, and [2020-2024 CFSP Section 2: Measures of Progress](#)

#### Measures of Progress

##### **ACTIVITY 1:**

1. Number of youth involved in Juvenile Justice justice who receive wrap around services (if Fast Forward/Children's Behavioral Health) can provide this data.
2. CPR data on OSRI Item 2: *Services To Family To Protect Child In The Home And Prevent Removal/Re-Entry For Juvenile Justice Cases*.

##### **ACTIVITY 2:**

1. Creation of an implementation plan. *In process*
2. Obtain a signed contract with a provider. *In process*
3. Identify number of qualified medical providers. *Dartmouth has determined this.*
4. Identify a number of needed qualified medical providers for ongoing. *Dartmouth has determined this.*
5. Identify quarterly the number of qualified medical providers gained. *Not yet started*
6. Once program begins, count number of referrals to the program. *Not yet started*
7. Item 3 in the On-Site Review Instrument: *Risk And Safety Assessment And Management Relative To Child Protection Cases*.

#### Staff Training, Technical Assistance and Evaluation

##### **ACTIVITY 1:**

The Division does not require technical assistance or training. The Bureau of Organizational Learning and Quality Improvement will be responsible for evaluation.

**ACTIVITY 2:**

The Division does not require technical assistance. Staff will be trained by the Special Medical Evaluations provider to better understand how to identify child abuse and/or neglect from medical indications and how to utilize the program. The provider will be responsible for evaluation although the Division may team with the provider.

Implementation Supports

**ACTIVITY 1:**

Implementation supports include Administration and Juvenile Justice justice and CPS field staff time as well as collaboration with the Courts and providers (both Department providers such as Fast Forward through Children's Behavioral Health and community providers such as school, law enforcement, and others).

**ACTIVITY 2:**

Implementation supports include administration and staff time, Department Contract Unit assistance, funding through DCYF budget, and policy changes. In addition, a specialized medical provider with whom to contract/collaborate must be engaged and community supports from the medical community must be collaborated with to both develop and implement the program as well as to become trained as special medical providers. Both Division staff and medical providers will require specialized training. In order to assure 24-hour on call coverage by a doctor, it will be likely special technology will be needed to share medical records and images. In the past year DCYF has utilized staff time, made use of the Department Contract Unit and received funding through the DCYF budget.

## GOAL 2:

STRENGTHEN DCYF'S ENGAGEMENT WITH PARENTS, FOSTER FAMILIES, RELATIVES AND LIFELONG CONNECTIONS TO ENSURE ALL CHILDREN ACHIEVE TIMELY PERMANENCY

### Strategy 1

Conduct general, targeted and child specific recruitment to meet the need of children entering care to begin year one.

### ACTIVITIES:

1. Create statewide and local Recruitment and Retention Plans based on data of children in care, which establish the local recruitment events, stakeholder involvement, public awareness campaigns.
  - a. Statewide Plan to be developed and submitted with CFSP by July 2019
  - b. Local Office Plans to be developed with support of State Office Foster Care Program staff, and to be completed by end of 2019
2. Begin implementation of Recruitment and Retention Plan activities by end of 2019, with support of Foster Care Program staff.
3. Sustain attention to both statewide and local Recruitment and Retention Plans through Resource Round Up meetings, including review of updated foster care data, and make revisions as determined appropriate to keep plans moving forward
4. Continue to enhance licensing process through central inquiry and home study units to be supportive and build lasting relationships with potential foster and adoptive parents (started in Round 3 *Program Improvement Plan*)

### 2021 UPDATE:

1.a. DCYF's statewide Diligent Recruitment 5 year goals were created and submitted as part of the 2020-2024 Child and Family Services Plan.- Complete

1.b. Local Office Plans to be developed with support of State Office Foster Care Program staff, and to be completed by end of 2019 -Complete

Local District Offices have developed their individual office recruitment and retention plans which focuses on the specific activities that they will conduct over the next year to recruit new and retain current foster parents.

2. Begin implementation of Recruitment and Retention Plan activities by end of 2019, with support of Foster Care Program staff.

Local offices have been implementing their individual office recruitment activities ongoing. Offices have conducted activities such as: placing ads in local newspapers, holding Zoom information and recruitment sessions, sending goodie bags for homes with children placed with them, R&R appreciation events including one which was a collaborative event between DCYF and three child placing agencies in which families participated in a Scavenger Hunt, and at each location was information about becoming a foster parent. Finally, there has been a Statewide Yard Sign campagne for recruitment, in which members of the community voluntarily place pre-made signs in their yard campaigning for foster parents. – Complete.

3. Sustain attention to both statewide and local Recruitment and Retention Plans through Resource Round Up meetings, including review of updated foster care data, and make revisions as determined appropriate to keep plans moving forward

Resource Round Up was revised to focus on the business aspect, training and practice discussions, and data around resource statistics which is shared among the team. This focus continues with the addition of improving customer service. During the later part of 2020 administration directed the improvement of data entry into the electronic management system inorder to have available an accurate list of available foster care homes. A 10 question survey was conducted with licensed homes with no placements to asertain the reason why and how the agency could utilize these homes to meet the needs of children. This coordinated effort has continued and evolved into changing practice to ensure that customer service and responsiveness is priority.

Quarterly meetings are held where child placing agencies and community partners are invited to share information about their agencies and organizations. Additionally, there have been ongoing conversations about the length of time it takes for a resource worker to recruit a foster home for children when they come into placement. Efforts have been made to create a foster parent locator for this purpose, however it is cumbersome. DCYF would like to explore utilizing a a more sophistocated method to achieve this goal.

A CPSW position within the foster care program was refocused as the Statewide Recruitment specialist. This position supports local resource staff providing guidance, oversight and resources aimes at recruitment of child specific homes and retention practices. This position has had an impact on a statewide level developing recruitment campaigns through partnerships with small businesses, contracting for radio advertisement and public service announcements, digital and online presence, and electronic billboard signage.

A new effort to support recruitment by ensuring information is available to the public is being managed through virtual public information sessions held several times per month. Local offices targeted those interested in fostering through early inquiry made in the NHEasy foster care portal. This effort is now being developed to be able to advertise to the public to join regular monthly meetings.

4. Continue to enhance licensing process through central inquiry and home study units to be supportive and build lasting relationships with potential foster and adoptive parents (started in Round 3 *Program Improvement Plan*)

The Home Study Unit continues to be a well-functioning team as described above. Prospective foster parents access direct support from the Central Inquiry Specialist until they are ready to be assigned to a Home Study Practitioner. The COVID-19 pandemic did not impact the number of inquiries in 2020 that the program received. The numbers remained relatively stable compared to years prior. The foster care program received **1379** foster care inquiries, which includes **306** I&R questions that are managed by the Foster Care Support Specialist (Data Source: Central Inquiry Unit Tracking Sheet). The Home Study Unit has worked to improve the overall timeframe of completing a license with an applicant family. A workflow timeline was developed to assist the unit with the goal of completing a license within 10-12 weeks. This year has presented unique challenges but the unit has completed an average of 3.2 home studies per month for a total of 274 families evaluated for licensed foster care or relative care (Data Source: Central Inquiry Unit Tracking Sheet). A variety of barriers that were addressed were delays for applicants with completing finger printing or other home inspections, and medical information statements completed due to Covid. Wherever possible, the teams have issued waivers to support families becoming permitted until they can complete their licensing requirements.

Most ICPCs are completed within the 60-day timeframe, as the families are highly motivated to have their relative children placed with them. NH has the ability to approve the home study provisionally, which meets the timeframe; however, children are unable to be placed in the home until the licensing requirements are complete.

When a homestudy is approved through the Home Study Unit, the practitioner arranges with the DO for a transfer meeting. During this meeting the Resource Worker, Home Study Practitioner and family meet to discuss goals, view the home and meet each other. Also during this meeting, they discuss future training needs, which came up during the licensing process. In order to support seamless transitions, the HSU and DO have regularly scheduled meetings to discuss families that are pending licensure.

The HSU is utilizing several methods to determine the effectiveness of the licensing process over time. These include a weekly review of timeframe data, identifying practice challenges with the licensing process, which the team wants to focus change efforts on, surveying foster parents (new licensures, statewide stakeholder survey and surveys at closure). The team is also starting a new Foster Parent Advisory Group led by the Foster Care Support Specialist.

In support of licensing more relatives, more waivers have been issued to alleviate some of the more common barriers such as training, or minimum education requirements. Additionally, a relative and fictive kin committee has worked to address barriers to licensing for relatives and create a process for relatives and kin to consider licensing. A draft modified home study process, which is currently being piloted focuses on creating a process that feels less intrusive and speed up assessments of relative and fictive kin caregivers. Relatives are required to complete the Relative Caregiver Agreement, all household members are to complete a local and state police background check, and Registry of Offender check, a check of DCYF's Central Registry and review of the electronic information system is conducted. They are not required to participate in FACES training, however they are strongly encouraged to complete Relatively Speaking (which is designed to support relatives caring for children in DCYF custody). They are also provided with Prudent Parenting Standards, which is a handout and training recommended for all relative caregivers. Policy is being created to that supports meaningful conversation with all relative caregivers about the benefits of licensing and recommending that this option and directs all fictive kinship placements to licensing as required by statute.

## Strategy 2

Build strong relationships to promote successful placements and retention of current foster parents to begin year one.

### **ACTIVITIES:**

- 1.** Refocus the local resource worker role to actively support foster families (started in *Round 3 Program Improvement Plan*)
- 2.** Identify training needs for foster parents and deliver localized training opportunities based on assessment of group need, through FAPA groups or retention events specific to need
  - a.** Local resource workers will assess training needs
  - b.** Coordinate training needs with FAPA groups or through retention events
- 3.** Provide active, responsive support to foster families (started in *Round 3 Program Improvement Plan*)
  - a.** Resource workers will conduct monthly ~~home visits~~ contact with foster parents; ~~who have placement;~~
  - b.** ~~Resource workers will initiate proactive and responsive communication with foster parents who do not have placement monthly;~~
  - c.** Explore mentorship opportunities between new and seasoned foster parents (started in *Round 3 Program Improvement Plan*)

### **2021 UPDATE:**

- 1.** Refocus the local resource worker role to actively support foster families (started in *Round 3 Program Improvement Plan*)

The Bureau of Community, Family and Program Supports have continued to work alongside Field Administrators to support District Office Resource Workers in only carrying a case load of foster parents so they can specifically manage the placement and training needs of foster families. Additionally, this frees up Resource Workers to focus on local recruitment and retention activities for their regions.

DO Resource Worker continue to be the primary case manager for foster parents in their catchment area. DO Resource Workers ensure supportive contact with foster parents each month. Supportive contact can vary depending on the need of the foster parent and if they currently have a placement. Contact can be as minimal as an email, or could be a remote meeting to address concerns or provide

resources to the family. This practice has evolved into the expectation that resource workers will contact each licensed foster parent every 60 days and document this “check in” in the electronic data management system. There has been strong encouragement for increasing support to new caregivers. In support of this, many offices have placement response teams in which there are a set of identified tasks that must be done in order to ensure a smooth placement. This frequently includes a check in call with the caregiver the following morning to inquire how the first evening went and if there are any needs. In the early days of placement, CPSWs and JPPOs support relatives with obtaining necessary paperwork to access financial and medical benefits for children in their care when needed. As previously stated, policy is being rewritten to ensure that all relative care givers are provided with information and the opportunity to pursue foster care licensing at the onset of placement. In addition to supporting the needs of the child or youth in placement, the assigned caseworker is also responsible for identifying and supporting the needs of the caregivers as well. In order to assess and support these needs, caseworkers meet with all caregivers in their home on a monthly basis.

2. Identify training needs for foster parents and deliver localized training opportunities based on assessment of group need, through FAPA groups or retention events specific to need

Offices have been addressing training in a variety of ways including facilitating conversations with foster parents around behaviors they struggle with, and referrals for them to enroll in Trust Based Relational Intervention (TBRI) training. Additionally, there have been referrals for specific trainings related to the child's permanency plan such as adoption trainings. Recently offices have been referring families for trainings on topics related to COVID-19 such as: staying home, homeschooling, books on back to basics, discipline, recognizing where they are at with their behaviors, etc. Finally, offices are implementing recommendations outlined in the families initial homestudy when they transition to support their future success as foster parents.

Continued practice discussions have taken place with resource staff regarding the use and implementation of training plans for foster care families. The updated practice is designed to ensure the resource staff helps guide the foster care family to appropriate trainings to meet their goals.

The Foster Care Support Specialist has reinstituted “The Connector” newsletter to foster and relative caregivers that provides information and resources on a variety of topics. The newsletter is sent out quarterly.

3. Provide active, responsive support to foster families (started in *Round 3 Program Improvement Plan*)



Field Administrators have continued to message expectations to District Offices the importance of improving placement stability through providing proactive and responsive communication to both relatives and foster parents, and connect families to the community and/or provide, information and referrals to support the placement based on identified needs.

Offices continue to have proactive contact with foster families. Offices are communicating with families weekly to monthly and through a variety of means such as weekly news letters, phone calls, daily- weekly emails for encouragement (during COVID-19), and delivering toys and sensory items for children to foster homes that want/need them. This has led to foster parents creating a system of swapping different items. In an effort to look at ways to help expand children's ability to get outside, NH FAPA has created a normalcy grant which helps provide families with outdoor activities such as screened in tent and trampolines.

Across the state there are a variety of efforts to support foster parents who want to mentor, and new foster parents who need that supportive connection. The Child Welfare Education Partnership is working on developing a training for foster parents to support mentorship skills. Many foster parents are making connections through their local FAPA groups, or through social media sites.

In 2020 and into 2021, three topic specific support groups are forming. One is specific to foster dads. This group is driven by the interests of foster dads and is activity focused. They meeting monthly and have created a private facebook group. A second, is a support group specific to families who care for children with special education needs. The third, is a support group specific to infant and toddler care. The latter two groups will begin meeting in March 2021 and led by the Foster Care Support Specialist. In addition a foster parent advisory group, comprising of 2 foster caregivers per district office catchment area is being formed and this is hoped to kick off mid year. The purpose of this group is to enhance foster caregiver voice throughout DCYF practice.

### Data Considerations

Please see Round 3 *Program Improvement Plan*, Goal 5: Service Array, and [2020-2024 CFSP Section 2: Measures of Progress](#)

### Measures of Progress:

- Please see Round 3 Program Improvement Plan, Goal 5: Service Array for identified measures of progress.
- There will be an appropriate number of foster homes to meet the demand for specialized populations (ie. sibling groups, teenagers, school aged children) as determined needed by data.

- Number new foster parents during a given time period; number sustained foster parents during a given time period
- Frequency and quality of contact between foster family and resource worker through foster parent feedback (ie. focus group/survey, etc).
- CPR data on OSRI Item 12C: *Needs and Services of Foster Parents*

Case Practice Review data (March, June and October 2020) compared to CFSR data conducted in April 2018, shows a improvement in strengths ratings for Item 12C Needs Assessment and Services to Foster Parents. Identifying foster parent needs improved 12% from 79% to 91%, and providing services to meet identified needs improved 17% from 64% to 81% (*Data Source: Child and Family Services Review Portal, OMS-OSRI, extracted 1/28/21*). There is no Data Source available to determine the number of foster parents who are available for specialized populations of children. SFY2020 data indicates there were 170 new foster homes licensed in NH. (*Data Source: DCYF Annual Data Book, 2020*). As of January 2021, there were 881 open foster homes, a 21 % decrease in the number of open foster homes in January 2020 (1110 open homes in January 2020). (*Data Source: NH SACWIS*).

### Staff Training, Technical Assistance and Evaluation

- There has not been a need for additional training to support either of these two strategies.
- The State Office Foster Care Unit has supported the local District Offices in developing their local Recruitment and Retention Plans.

### Implementation Supports

- There has not been a need for implementation supports for either of these strategies.

### Staff Training, Technical Assistance and Evaluation

- There has not been a need for additional training to support either of these two strategies.
- The State Office Foster Care Unit has supported the local District Offices in developing their local Recruitment and Retention Plans.

### Implementation Supports

- There has not been a need for implementation supports for either of these strategies.

## GOAL 3:

PROVIDE THE RIGHT SERVICE TO THE RIGHT CHILDREN, YOUTH AND FAMILIES AT THE RIGHT TIME.

### Strategy 1

Implement a community-based family strengthening program (community-based voluntary services) to begin year one.

#### ACTIVITIES:

1. Develop and publish a *Request for Information* to solicit feedback from providers and stakeholders about system model and design
2. Develop and publish a *Request for Procurement* to award a contract for new community-based voluntary services program.
3. Develop communication plan and training on new model for serving children and families
4. Develop mechanism to track payments for services to allow for maximization of federal financial participation following implementation of Family First Preventative Services Act

### 2021 UPDATE:

1. Complete.
2. In the last summer and fall of 2020, DCYF was able to procure two contracts to support the development of a community based voluntary service array. CBVS contracts are active, and were awarded to two providers: the Family Resource Center of Gorham (serving the Berlin and Littleton areas) and Waypoint (serving the remainder of the state).
3. Communication around the new community based voluntary services program has been delivered through various town-hall style meetings which have been delivered both internally, as well as at the DCYF conference.
4. This has not yet been developed and will be determined through contract negotiations.

### Strategy 2

Implement a community-based service array that can meet the needs of DCYF-involved families to begin year one.

#### ACTIVITIES:

1. Develop and publish a *Request for Information* to solicit feedback from providers and stakeholders about service options and Evidence Based Programs (EBP)
2. Develop and publish a *Request for Procurement or Qualifications* to provide new service options
3. Develop communication plan and training on new services
4. Hire additional Program Specialist to support community-based services

**2021 UPDATE:**

1. Complete.
2. Over the last year, the Provider Program has been working to expand community home based services in an effort to provide more evidenced based practices, as well as ensure more personalized experiences for NH families based on their individual needs. Over this next year, to create an enhanced continuum of family preservation services, new evidenced base practices will integrate with and enhance the existing home based services array. Family Preservation will aim to keep children and youth in their homes, and out of foster care. Among some of the services planned are CBVS, DCYF Voluntary Services, Home Builders, Youth Villages Intercept and Multi-Systemic Therapy.
3. A Communication Team which supports all Family First activities was created in late 2020 and is overseen by the Division's Senior Planner. [Updates on training?]
4. Complete.

Data Considerations

Please see *Round 3 Program Improvement Plan, Goal 5: Service Array, Adequacy and Enhancement Assessment* and [2020-2024 CFSP Section 2: Measures of Progress](#)

Measures of Progress:

Families will access supports/services when they are needed leading to:

- Reduction in occurrences of family involvement over  $x$  period of time.
- Reduction in a finding being made and/or;
- Reduction in the number of children/youth coming into out-of-home care.
- CPR data on OSRI Item 2: *Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-entry into Foster Care*

- CPR data on OSRI Item 3: *Risk and Safety Assessment and Management*
- CPR data on OSRI Item 12 B and C: *Needs and Services of Child and Parents*
- CPR data on OSRI Item 16: *Educational Needs of the Child*
- CPR data on OSRI Item 17: *Physical Health of Child*
- CPR data on OSRI Item 18: *Mental/Behavioral Health of the Child*

This strategy is still in it's development phase, so no data is available this year.

### Staff Training, Technical Assistance and Evaluation

- Research on evidence-based programs available
- Staff training on new service array.
- Additional personnel to support community-based services
- Develop an evaluation plan for new service array programs/providers

### **2021 UPDATE:**

- DCYF has used the Prevention Clearinghouse and the California Clearinghouse as guides to selecting the evidence based practices (EBP's) that will be used in NH's service array.
- There is no training needed at this time, but will be done as part of implmenetation by the training unit.
- The second position to support community-based voluntary services has been selected, with a start date to be determined.
- Evaluation plans are part of the RFP and will be built into the contracts as they are created.

### Implementation Supports

- Possible contract needs if a community-based voluntary service is created through a contract with an outside agency.
- Communication plan and training on new model for serving children and families

### **2021 UPDATE:**

- Implementation supports have not been needed in 2021.

## GOAL 4:

PARTNER TO CREATE A BROADER CHILD WELFARE SYSTEM WHERE DCYF AND OTHER STATE AND COMMUNITY PARTNERS COLLABORATE AND SHARE RESPONSIBILITY FOR CHILD SAFETY AND WELL-BEING

### Strategy 1

Partner with other Divisions, Departments and stakeholders to strengthen families and keep children and youth healthy and safe before DCYF intervention to begin year one.

### ACTIVITIES:

1. Partner with Division of Economic and Housing Stability to support Family Resource Centers and FRC Coordination Center
2. Partner with Public Health to support Community Collaborations Grant and expansion of Parental Assistance Program
3. Partner with Public Health and Economic and Housing Stability around use of “Predict, Align, Prevent” to develop ‘place based” data sets to inform social service and prevention efforts
4. Co-lead planning with the Division of Public Health to create a Statewide Child Fatality Prevention Plan.
5. Create a collaborative relationship with other departments and community partners to expand available data to paint a more holistic view of families served by the department.

### 2021 UPDATE

DCYF has participated in the following activities in an effort to partner with other Divisions, Departments and stakeholders to strengthen families:

1. Partner with Division of Economic and Housing Stability to support Family Resource Centers and FRC Coordination Center

DCYF has collaboratively worked alongside the Wellness and Primary Prevention Council (WPPC), a legislative committee comprised of membership from the Division for Children, Youth and Families, the Division of Economic and Housing Stability, the Division of Public Health, Family Resource Centers, New Futures and the NH Children's Trust Inc. (NHCT) to support Family Resource Centers and FRC Coordination Center. The WPPC is responsible for advocating for legislation that supports prevention activities in NH. The NHCT is the Facilitating Organization of NH's Family Resource Centers and will begin to support all Family Resource Centers becoming Family Resource Centers of Quality, as well as support NH's Kinship Navigation programming that will be located within the

Family Resource Centers. To become a Family Resource Center of Quality, certain standards of practice must be met. Some resources that are being considered to support the FRC's are:

- QA provided by The Wellness and Primary Prevention Council (WPPC)
- Expand the current Statewide database for shared data
- Create "Unite Us" through NH 211 (statewide service connection phone number) as a way to link referrals up to a shared database. This is being tested and piloted in another area, and may be used in NH if it is successful.

(See [\*Section 5 Populations at Greatest Risk: Strengthening Communities Collaboration\*](#) for additional information.)

**2. Partner with Public Health to support Community Collaborations Grant and expansion of Parental Assistance Program**

DCYF, the Division of Public Health, and staff from the North Country (Coos Coollation) are working together to focus on providing parental assistance to the families in the northern most part of NH, an area which data has shown has the greatest gaps in available community based services. The focus will be on:

- Bolstering supports available through the TLC Family Resource Center in Claremont, NH.
- Using funds to connect families referred to DCYF Central Intake with NH 211 for service provision.
- Hiring 1-2 parents in the summer of 2020 through the NH Children's Trust to work with DCYF Central Intake to connect families to 211 and provide guidance to those families in navigating the child welfare system.

The grant's budget outlines all projects being funded.

(See [\*Section 5 Populations at Greatest Risk: Strengthening Communities Collaboration\*](#) for additional information.)

**3. Partner with Public Health and Economic and Housing Stability around use of "Predict, Align, Prevent" to develop 'place based' data sets to inform social service and prevention efforts**

Predict-Align-Prevent is a program developed by Dyann Dailey which uses insights generated from statistical models and analysis to better identify areas of Manchester and

the Winnepesaukee Lakes Region at highest risk for child maltreatment and to better align services to these areas through the Community Collaborations Grant work w/ Public Health (described in Key Action #2). Over the last year PAP has been working on collecting data to inform on other geographical areas risk factors.

During the initial phases of this project, DCYF and DPH have collaboratively worked together to acquire data from within DHHS, as well as from external stakeholders such as police departments, NH Housing data, and available community based services within each community. Significant work has been done to break down barriers to ensure that internal and external stakeholders are able to share data for the purposes of building up this program to better support local families. Some challenges have included ensuring DHHS has met specific hardware and security requirements to house potential protected health information.

(See [Section 5 Populations at Greatest Risk: Strengthening Communities Collaboration](#) for additional information.)

4. Co-lead planning with the Division of Public Health (DPH) to create a Statewide Child Fatality Prevention Plan. The primary objectives are to: Describe trends and patterns of child deaths in New Hampshire; Identify and investigate the prevalence of risks and risk factors among the populations of deceased children; Evaluate the service and system responses for children and families and to offer recommendations for improvement of those services; Improve the sources of data collection by developing protocols for autopsies, death scene investigations, and complete recording of cause of death on all death certificates; and ultimately enable state agencies, law enforcement, health care providers, and community-based organizations to more effectively prevent and investigate child fatalities.

The Statewide Child Fatality Prevention Plan will be created in conjunction with DPH and is required as part of the State Health Assessment (SHA) and State Health Improvement Plan (SHIP).

One element of the Child Fatality Prevention Plan is to better align the process of systems learning around child fatalities in NH. NH accessed support from Dr. Michael Cull and Dr. Tiffany Lindsay from Chapin Hall to map how three agencies which review child fatalities within DHHS track and review child fatalities as well as on the use of a systems learning and improvement tool, the Safe Systems Improvement Tool (SSIT)



(See [\*Section 5 Efforts to Track and Prevent Child Maltreatment Deaths: New Hampshire Child Fatality Review.\*](#))

5. Create a collaborative relationship with other departments and community partners to expand available data to paint a more holistic view of families served by the department.

DCYF has actively collaborated with other departments within DHHS to expand available data in an effort to paint a more holistic view of families served by the entire Department of Health and Human Services. One example of this collaboration was mentioned earlier in Key Action #3, the efforts on the Predict, Align, Prevent work. Additionally, DCYF participates on the following DHHS data teams:

- CORBI –Has developed dashboards with other DHHS Departments around Substance Use.
- Homeless Emergency Department Workgroup
- Opioid Emergency Department Workgroup
  - Data Governance/Integration Team – this team was first developed in January 2020 and focuses on security and operability issues.

SEOW (aka GC Data and Evaluation Task Force) – Statewide Epidemiology and Outcomes Workgroup. Statewide Epidemiological Outcome Workgroup works to improve the quality and efficiency of data systems and the availability and utility of data products that describe substance use and behavioral health issues to inform prevention and treatment policy, programs and services in the state.

In addition, On 10/11/19 DCYF published the [\*NH DCYF Annual Data Book 2019\*](#) which is accessible through this link. The book includes data on Child Protection Services, Juvenile Justice Services, SununuYouth Services Center, Substance Misuse, Comprehensive Family Support Services, and Resources.

## Strategy 2

Partner with the judicial branch to improve outcomes for children and families to begin year one.

### **ACTIVITIES:**

1. Enhance partnership with courts and Judges to support youth improved outcomes for youth and families involved in Juvenile Justice justice system

2. Partner with Judicial Council and Court Improvement Project to develop a high-quality parental representation program (child protection system)

#### 2021 UPDATE:

1. Enhance partnership with courts and Judges to support youth improved outcomes for youth and families involved in Juvenile Justice justice system

Efforts are being made to advocate with the judicial system at a larger system level rather than leaving it D.O. Supervisors to advocate individually with their own judges. DCYF General Council and Legislative Liaison meets with Judge Ashley regarding ways to support youth improved outcomes for youth and families involved in the Juvenile Justice justice system. Through the partnership with the Court Improvement Project, Model Court Team which oversees child protection cases, and work on the Program Improvement Plan, DCYF and CIP have discussed areas in which improvements need to be made to enhance practice for both CPS and JJS. An example of this is a practice change in which Judges will be inquiring about DCYF's efforts to achieve the concurrent plan, as well as identify any barriers to achieving the plan during all 169-B, C and D hearings. The collaboration between DCYF and the courts has historically proven to improve practice areas for child protective services, and as such it is anticipated that the same will be seen through collaboration on Juvenile Justice justice services cases.

For additional information on partnerships with the courts in support of juvenile justice, see work done on the [JJ Transformation](#).

2. Partner with Judicial Council and Court Improvement Project to develop a high-quality parental representation program (child protection system)

DCYF has worked collaboratively alongside the Court Improvement Project and the Judicial Council to attempt to address funding barriers for this program. In January 2021, the Judicial Council, Court Improvement Project, DCYF and the Children's Bureau met to determine a means to draw down Title IV-E funding when the data systems do not align. The Children's Bureau approved a plan which would include attorneys invoicing and certifying that the child was in out of home care for the entire billing cycle, which will eliminate DCYF and the Judicial Council from having to determine the matching process. It is anticipated there may be a small cross over period where they youth was not in placement for the entire quarter in which the youth will not be applicable.

At this point in the process, the Judicial Council is planning how the program will look.

### Data Considerations

Research has proven that collaboration between child welfare agencies, other state agencies and community stakeholders creates among other things, a shared sense of responsibility for the welfare of families, access to broadened service array, expanded access to data, which can be used to further enhance programming through education, advocacy and enhanced partnerships. As a result of enhanced interagency and community partnerships families will experience improved outcomes including accessing the rights supports before the family enters a crisis situation.

### Measures of Progress

- Development of a Statewide Child Fatality Prevention Plan
- Development of a high-quality parental representation program
- Children and youth involved with child protection and Juvenile Justice justice will achieve:
  - More timely permanency and/or;
  - An increase in reunifications and/or reduction in placement in out-of-home care.
- Enhanced collaborative partnerships with other DHHS bureaus and divisions, and judicial partners will result in families accessing appropriate supports and better outcomes for Juvenile Justice justice involved youth.
- Data is being used more readily to make informed decisions for families as evidenced by:
  - Development of data dashboards;
  - Frequency of use of ROM data
- Possible additional measures of progress through evaluation of initiatives (Strategy 1).
- CPR data on OSRI Item 2: *Services to Family to Protect Child(ren) in the Home and Prevent Removal or Re-entry into Foster Care*
- CPR data on OSRI Item 3: *Risk and Safety Assessment and Management*
- CRR data on OSRI Items 2-18 (Strategy 2)
- CPR data on OSRI Item 12 B and C: Needs and Services of Child and Parents
- CPR data on OSRI Item 16: *Educational Needs of the Child*
- CPR data on OSRI Item 17: *Physical Health of Child*

- CPR data on OSRI Item 18: *Mental/Behavioral Health of the Child*

As noted above, many of these key actions are in the early phases of development. DCYF continues to build collaborative partnerships with other DHHS agencies, and has developed particularly strong relationships with Children's Behavioral Health, Division for Public Health, Division for Child Support and Division for Family Assistance. Additionally, stronger partnerships have been developed with other division's data teams in support of shared evaluations. Baseline data collected from the Child and Family Services Review Portal indicates that NH has made progress in a number of areas since the 2018 CFSR. (see [Section 2, Outcome Measures](#)), however there remains much room for improvement in order to achieve Substantial Conformity. (Data Source: *Child and Family Services Review Portal, OMS-OSRI*).

### Staff Training, Technical Assistance and Evaluation

- Possible staff training on available preventative resources available within communities.
- Technical assistance on the creation and evaluation of high-quality parent representation program provided to CIP/Judicial Council by the American Bar Association.
- Possible technical assistance from Children's Bureau to support Title IV-E program, in order to identify eligible children/youth and/or draw down adequate funding to support high-quality parent representation program

### Implementation Supports

- Develop a method to identify the count of eligible children with their parent/s who are provided legal representation.
- Amendment to and approval of cost allocation plan to support Title IV-E draw down based on penetration rate
- Training for attorneys for high-quality parent representation program
- Possible training for staff as determined by Title IV-E needs
- Memorandum of Understanding between DCYF and Judicial Council for use of Title IV-E funds.

## GOAL 5:

INVEST IN OUR ORGANIZATION TO DEVELOP AND RETAIN EXCELLENT STAFF AND BUILD OUR CAPACITY TO IMPROVE OUTCOMES FOR CHILDREN, YOUTH AND FAMILIES

### Strategy 1:

Improve staff well-being and retention beginning year one.

### **2021 UPDATE:**

#### **1.** Develop a culture of safety

##### **a.** Continued participation in National Collaborative for Child Safety

New Hampshire has continued to participate in The National Partnership for Child Safety. The partnership is a national group, with over 24 jurisdictions, that meets monthly to help work towards improving the Safety Culture of Child Welfare. Within the Partnership we also participate in a charter workgroup, Innovation and Implementation Learning Community (I2LC), that meets monthly to help focus on overall administration and governance. This group promotes the key values and guiding principles of the Partnership by providing opportunities for member jurisdictions to share innovations as they collaboratively learn about various aspects of safety science, implementation science, and sustainable system transformation. The vision for the I2LC is to share knowledge in ways that increase understanding; and change practice in ways that improve outcomes and transform systems. Overall, the I2LC workgroup strives to serve as a parallel process for jurisdictions, creating and fostering an open, authentic, engaging learning environment that relies on continuous quality improvement in its processes. The goal is to create, teach and share content in a way that staff can then teach and share that content within the agency.

##### **b.** Expansion of E.P.I.C. (Peer support)

DCYF's EPIC Program has a total of 30 members. New members include our first case aide and first nurse. While we had two members stepdown, their positions were filled by an additional two new members. One of these members is the Residential Operations Manager for SYSC. The Clinical Services Specialist took over as coordinator for EPIC and has created a SYSC EPIC Team with the help of the Residential Operations Manager. The SYSC Team consists of one first shift colleague and one second shift colleague. The team is in the process of recruiting a third shift colleague. The EPIC Program continues to meet on a monthly basis. The weekly COVID support meetings have been reduced to twice monthly. The focus of these meetings, now called COLLEAGUE CONNECT, is on psychological wellbeing, physical health and safety. In addition, the EPIC Team supports

the Division by hosting events like EPIC Lunch discussion during the week long DCYF Conference. Zoom support groups are also being created. There are now two monthly groups. The first is the 20+ (YEARS) CROWD which focuses on the needs of colleagues who have been with the Division for more than 20 years. The second is the NEW COLLEAGUES ON THE BLOCK which supports the needs of colleagues who have been with the Division for less than 4 years.

**c.** Redesign critical incident review process to incorporate safety science principals

Complete. DCYF's QA Specific Case Review policy was updated in May 2020 to include aspects of the SSIT (Safe Systems Improvement Tool) that is used in conjunction with the reviews. The Safety Culture Specialist is now part of the team that chooses which cases will be reviewed. The Clinical Services Specialist provides support to colleagues throughout the QA process. This includes a pre-review phone call to explain the QA Specific Review process and follow-up call to obtain feedback. In addition, the Clinical Services Specialist provides support to all meeting participants to ensure everyone feels psychologically safe during the review.

**d.** Consider implementation of other components of the "Safety Culture Toolkit"

The TeamFirst Field Guide (toolkit) is designed as a reference for safe, reliable and more effective teamwork. This toolkit was supplied by the National Partnership to help the jurisdictions begin implementing Safety Culture practices such as: plan forward, reflect back, test change, communicate clearly, appreciate their colleagues, and manage professionalism. This toolkit will be used when the Safety Culture Specialist meets with the DO's to review the Safety Culture Survey results, which is currently underdevelopment and will be released this spring for our workforce to respond, data and work with the team to come up with an action goal from the data of the survey.

**2.** Implement Safe Signal statewide

Complete. All DCYF staff have access to SafeSignal, which is provided on their work cell phone. Training for SafeSignal is provided in the Core Training called Staying Safe. The Safety Culture Specialist also conducts monthly open informational training on SafeSignal for any staff, new or existing employees. Quarterly SafeSignal usage reports are sent to the District Office supervisors from the Safety Culture Specialist to help the supervisors monitor SafeSignal usage within their office and to verify all current staff are registered for this tool.

**3.** Improve communication with staff, including increased presence of leadership and state office staff in the district offices.

- a. Culture of Safety team (Safety Culutre Specialist and Clinical Service Specialist) began sending out a bi-monthly newsletter to the workforce in December 2020.
- b. Beginning in April 2021 Culture of Safety team will begin conducting DO meetings to introduce our roles within the Culture of Safety and how the workforce and utilize us.
  - The Bureau of Field Services sends a weekly update to Field Supervisors which includes information on practice changes, current trends and practice change expectations relevant to COVID-19, programmatic updates, general announcements, among other important information that needs to be disseminated to the field. This information is then disseminated by field supervisors to their staff in the local district offices.

### Data Considerations

Please see *Round 3 Program Improvement Plan, Goal 4: Workforce Development*, and [2020-2024 CFSP Section 2: Measures of Progress](#)

### Measures of Progress

- Proportion of staff who respond to survey and report psychological safety over time period
  - 2018 Survey: we had a response rate of 53% (348 out of 652 people responded). 45% of staff reported feeling psychologically safe (for this number, I averaged the three questions regarding psychological safet,). (*Data Source: DCYF Safety Culture Survey*)
  - 2019 Survey: we had a response rate of 64% (428 out of 647 people responded). 70% of staff reported feeling psychologically safe. (*Data Source: DCYF Safety Culture Survey*)
  - Spring 2021 will be the next Safety Culture survey. These surveys are conducted every 18 months. After the data has been analyzed the reports are then shared with each DO. The Safetly Culutre Specialist and Clinical Service Speicalist will work with the offices to subtain areas of postive culture and consider improvement opportunities in other areas indicated in the survey.
- Proportion of staff who report psychological safety during QA Specific Case Review Process (ie. follow phone call, survey).

*Follow up calls to staff participating in QA Specific Case Reviews have indicated that staff had a positive experience with the process. (Data Source: Safety Culture Specialist Report)*
- Increase membership (by 10 members) for the peer support team model by December 31, 2019. (met/unmet) *Met, there are currently 21 members located in 10 DOs, plus SYSC and State Office. (Data Source: EPIC Team Data)*

- Time staff remain in current positions within field services *Data not available.*

### Staff Training, Technical Assistance and Evaluation

Technical assistance from Chapin Hall and Casey Family Programs

#### 2021 update:

DCYF continues to work with Dr. Michael Cull and Dr. Tiffany Lindsey regarding implementation of a safety culture. Michael and Tiffany are no longer connected with Chapin Hall, but they are now serving as faculty at the University of Kentucky College of Public Health, specifically within Health Management Policy. Casey Family Programs continues to provide support for the NPCCS. Dr. Cull and Dr. Lindsey provide ongoing support of NH's implementation of the SSIT and safety culture survey via zoom meetings and phone calls.

### Implementation Supports

To be determined through technical assistance.

#### 2021 update:

DCYF received support from Employee Assistance Program (EAP) regarding the expansion of the EPIC program through ongoing training and consultation.



## SECTION 4. QUALITY ASSURANCE SYSTEM

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See Section 2: [Item 25 Quality Assurance System](#) for information on NH's Foundational Structure, Quality Assurance activities and Data collection and analysis systems.

NH's Quality Assurance System is utilized to evaluate performance in the areas of safety, permanency and well-being, and these performance indicators are utilized when making decisions about program and practice improvements needed.

In addition to informing general practice, it is also utilized to measure performance on the 2018 Program Improvement Plan. DCYF collaboratively works with our partners at the Court Improvement Project and Model Court team to presenting findings from our CPR evaluations, as well as data from our SACWIS system, and to identify ways to inform the effectiveness of, and make revisions to program improvements and interventions selected for the PIP.

## SECTION 5. UPDATE ON SERVICE DESCRIPTION

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### Child and Family Services Continuum

New Hampshire has a number of services included within the child and family services continuum, including but not limited to: child abuse and neglect prevention, intervention, and treatment services and foster care; family preservation services; family support services; and services to support reunification, adoption, kinship care, independent living, and services for other permanent living arrangements. These programs are discussed in more detail within.

#### *PREVENTION*

During the 2020-2024 CFSP period, DCYF will collaborate with The Division of Public Health Services for the Community Collaborations to Strengthen Families project, focusing on a seamless prevention service array in two NH communities, Manchester and the Winnepesaukee Public Health Region.

#### *COMPREHENSIVE FAMILY SUPPORT SERVICES*

In early 2019, the CFSS contracts were moved out of DCYF to the Division of Economic Housing and Stability, as a more upstream, preventative approach.

There are eight contracted agencies supporting families in the community across NH. 1285, families were served and 3,925 total family members were served (2,336 are children). With respect to prevention, Each Year a graduating “Class of..” is created for all discharged children and they are tracked for 3 years. The CFSS Program Outcome is to avoid future DCYF Costs and Services (including Out of Home Placements & Intensive In-Home services)

Program outcomes to date are:

- Class of 2018 for 1,021 graduating children = 89.2% continue avoiding DCYF Services (Tracked for 3 successive years)
- Class of 2019 for 1,508 graduating children = 91.0% continue avoiding DCYF Services (Tracked for 2 successive years)
- Class of 2020 for 1,502 graduating children = 95.8% continue avoiding DCYF Services (Tracked for 1 successive years)

*(Data Source: Provider Workbooks, 2020)*

### *SERVICE ARRAY REDESIGN*

In the past two years, and in the three years ahead, with the implementation of the Family First Prevention Services Act (FFPSA), a service array redesign will shift all levels of service, and support implementing approved evidence-based practices that are trauma-informed and focus on strengthening families, to help support children at home, who are at risk of entry into foster care. It will also serve to enhance the Department's ability to keep children safe, preserve families, and enable them to thrive.

Over the last year, the Provider Program has been working to expand community home based services in an effort to provide more evidenced based practices, as well as ensure more personalized experiences for NH families based on their individual needs. Over this next year, to create an enhanced continuum of family preservation services, new evidenced base practices will integrate with and enhance the existing home based services array. Family Preservation will aim to keep children and youth in their homes, and out of foster care. Among some of the services planned are CBVS, DCYF Voluntary Services, Home Builders, Youth Villages Intercept and Multi-Systemic Therapy.

### *COMMUNITY BASED VOLUNTARY SERVICES*

In the last summer and fall of 2020, DCYF was able to procure two contracts to support the development of a community based voluntary service array. CBVS contracts are active, and were awarded to two providers: the Family Resource Center of Gorham (serving the Berlin and Littleton areas) and Waypoint (serving the remainder of the state). Providers are actively staffing their programs, with an anticipated service delivery dates of February and March, 2021. CBVS is managed by these 3rd party providers, who contract to provide services to NH families with the state. Enrolling in CBVS is not the same as having an open DCYF case. DCYF does not monitor families who are enrolled in CBVS.

Community Based Voluntary Services is designed to meet the concrete needs of these families. It uses Solutions Based Casework and Motivational Interviewing, two evidencebased or supporting practices. CBVS greatly expands the number of families who can be served in a community based setting. Ultimately, the goal of CBVS is to prevent these families from having future contact with DCYF. CBVS provides family stabilization support, ongoing service management, and connection to a range of community resources and services. It is designed as a six month process, delivered in two phases.

Phase 1:

- Referral and Connection: When a CPSW is closing their assessment, they will assess if a family may be eligible for CBVS services based on three criteria: 1) the child or children are safe, 2) a risk level of high or very high risk for maltreatment, and 3) the family agrees to work with the service. When eligibility is determined, the family is connected with the service provider to ensure there is a seamless transition with no gaps in service delivery. The goal of the initial referral and engagement period is to orient the family to the service and build rapport with the family.
- Family Stabilization: Addresses any immediate needs of the family including identifying any immediate crisis, developing plans, and identifying needs that DCYF can support through flexible funding, which can't be resolved through the community (i.e. money for new mattresses, or renting a dumpster to clean up their yard).
- Service Planning: The goal of service planning is to develop an initial service plan that reflects the perspective and goals of the family including: assessing their strengths and needs, assessing their current situation and recent experiences, and identifying services and supports for the family, as well as a plan to access those supports. This includes an assessment to determine if CBVS can meet the needs of the family or if more intensive services are needed.

### Phase 2:

- Service Management: The goal of service management is to meet the family's needs and achieve the goals identified in the service plan including coordinating critical services and providing family stabilization.
- Transition and Closure: The goal of transition and closure period is to ensure that the family is connected to ongoing supports they may need to live independently. This is an opportunity for families and providers to celebrate their successes and determine any needs post closure.

### *DCYF INTERNAL VOLUNTARY SERVICES:*

DCYF also continues to provide internal voluntary services to families. Community referrals or CBVS are the preferred pathways to provide support to families. In some cases, however, a DCYF internal voluntary case will be more appropriate. Factors that may make an internal voluntary case more appropriate include when the family:

- Is unlikely to engage with an external provider but is willing to work with DCYF;
- Has had frequent or ongoing contact with DCYF;
- Is likely to experience a safety concern if served in the community;
- Is likely to require access to more intensive services than can be provided in the community; and
- Is engaged with a district office that has the capacity to serve them on a voluntary basis

For SFY 2020, In DCYF Internal Voluntary cases (non CBVS):

- there were 87 unique cases with an open date in the SFY;
- for which there were a total of 388 unique clients linked to them; and
- for which 138 unique clients were listed as participating as a child.

*(Data Source: NH SACWIS)*

### HOMEBUILDERS

Home Builders-Home Builders is another intensive community and home based serviced aimed at strengthening and preserving families. This is shorter-term, clinical service (with duration of 4 weeks) that is designed to be a very intensive, for families that may be on the verge of removal. The Request for Procurement (RFP) is expected to be posted in the spring of 2021, with a goal to stand up the program in late summer 2021.

### MULTI-SYSTEMIC THERAPY (MST)

Multi-Systemic Therapy is a home based intervention for juvenile offenders between the ages of 12-17 who present with behavioral problems and/or with criminal offenses, however it does not exclude children and youth served in child protection or post adoption cases. It aims to keep these youth in their homes, schools and out of trouble. It focuses on identifying the origins of the youth's behavioral problems. Treatment includes a strong emphasis on empowering parents, building a social and community support network and removing barriers. The Request for Procurement (RFP) for this program is expected to be completed and submitted the first week of January 2021, with a goal to start standing up the program in late spring 2021.

### COMMUNITY-BASED IN-HOME SERVICES

The Division certifies community-based in-home providers throughout New Hampshire in order for them to provide supports and services to the families who are case involved with DCYF. The number of certified providers has not changed since the submission of the [2020-2024 CFSP](#).

NH has been actively working to enhance and expand the existing community home based service array. Each of these new programs will be contracted and will be supported, monitored and evaluated through active contract management. The Active Contract Management framework is composed of three guiding principles: identifying key data, generating insights and driving action. Key components of active contract management include: frequent, collaborative meetings in which data on key outcome indicators will be shared. Additionally, the ACM team will provided a deeper dive into analysis on critical performance improvement topics, which will support the team in making operational changes based on those insights. Existing requirements to ensure medicaid compliance will be incorporated within the larger evaluation and monitoring of the program and service delivery. For services that are not currently contracted, NH is concurrently working on

standing up a provider site review process. It is anticipated that NH will resume these reviews over this next year. In addition to providing Active Contract Management, NH is working on improving service matching and referrals for families. Over the next year, a method will ensure more informed referrals will be made to an appropriate service to meet the individual need of each family. DCYF is also planning to significantly expand the service array team, in order to effectively manage the expanded service array and meet greater demands around service matching and referral (SMR), and active contract management (ACM).

For SFY 2020, the following data has been collected regarding client's served under home-based services (HBT and ISO):

- 484 unique clients had at least one claim paid for HBT or ISO or both;
- 108 unique clients had at least one claim paid for HBT; and
- 396 unique clients had at least one claim paid for ISO

*(Data Source: NH SACWIS)*

## Service Coordination (45 CFR 1357.15(m))

### New Hampshire Children's Trust

DCYF works in partnership with the New Hampshire's Children's Trust Inc. (NHCT) whose mission is to prevent child abuse and neglect in New Hampshire.

NHCT was awarded a contract by DHHS in June 2019 to become the Facilitating Organization, the infrastructure over NH's Family Resource Centers. NHCT will assist all family resource centers in achieving Family Resource Center of Quality status. They will provide technical assistance and guidance is helping FRC's identify if they are ready to apply, applying, and then maintaining FRC-Q status. As a part of this contract, NHCT has implemented Kinship Navigation programs statewide through the Family Resource Centers. Kinship Navigation will help support relative caregivers, who have received kin through DCYF placement. These Navigators will assist relatives in identifying needs, applying for benefits and navigating resources in their communities.

### Kinship Navigator Program

Relative caregivers play a critical role in the prevention of unnecessary entries into foster care. Despite this, they often experience significant challenges and barriers to their caretaking role. Relative caregivers often do not have the knowledge about resources available to support them, nor the experience to navigate the various systems to support them and the children whom they are providing care. The Kinship Navigator Program provides caregivers with information and

referrals. It maximizes the caregiver's ability to provide safe and stable care and achieve permanency.

The program is free and voluntary and open to grandparents and other relative caregivers who are raising a child in the absence of the child's biological parents. Some families access this program in response to a military deployment, in response to a court ordered placement, or as a result of a family intervention (non- court/non- DCYF related) There are currently 20 part-time kinship navigators across the state. As part of their training, they participate in a kinship course as well as additional trainings provided through the NHCT. Navigators range in education and experience from peer support with lived experience to those with advanced degrees in social work. The two located at DOC are employees of Waypoint. One is located in both Concord and Berlin facilities.

The role of FRC is to collaborate with NHCT, provide program delivery, support groups and trainings, outreach and promotion, establish community partnerships in support of expanding the program statewide, and collecting data.

Kinship Navigators provide emotional support, education and guidance to relative caregivers, and offer information, referral, and follow-up services to promote independence and enhance the well-being of the families they serve. There is also funding to support families with concrete needs such as supplies for the child (furniture, clothing, food, car repairs, etc.)- anything to support maintaining the child in their home. The Kinship Navigator Program also offers a support group for caregivers who are parenting a second time around (PASTA). PASTA is a curriculum based on helping relative caregivers build skills, develop supports, and offers ideas to relieve stress, stay healthy, and care for themselves while caring for others.

The program has been up and running for a year. Responses from people who have been served is really positive in support of continuing the program. 171 families are being served across the state. 35% of caregivers are between 50-80 years old. 50% of the children are between birth and 10yo. 70% of families are impacted by substance abuse and that is the reason for their kinship care. *(Data Source Kinship Navigator Program, extracted 1/26/2021)*

Funding for the program is provided through the Department of Health and Human Services, Bureau of Economic and Housing Support and Division for Children, Youth and Families as well as a variety of other programs.

NHCT can track a variety of disaggregated data on families being served through the program. I.e. families who are involved in multiple FRC programs such as navigator and child and family support services. There are 648 families who are involved with DCYF working with the program.

For more information about the Kinship Navigator Program, please see: <https://www.nhchildrenstrust.org/kinship>

### Children's Justice Act (CJA)

In New Hampshire, the Children's Justice Act (CJA) grant is managed by the Attorney General's Office, within the New Hampshire Department of Justice. The Attorney General's Task Force on Child Abuse and Neglect serves as the statewide multidisciplinary task force as required by the CJA grant.. The Director of DCYF is an active member of the Task Force, also sitting on its Executive Committee.

Through the Task Force, DCYF has played an instrumental role in the revision of the 2008 Child Abuse and Neglect Protocol, which outlines best practices for the multidisciplinary response to child abuse cases. DCYF has also participated on the committee that plans the annual Partnering for a Future Without Violence Conference, which is co-sponsored by the Task Force.

In the past year, DCYF's General Counsel and Legislative Liaison has presented to the Task Force several times on pending legislation relative to child abuse and neglect. She also presented at the 2019 Legislative Review Day, which was sponsored by the Task Force.

DCYF's Director regularly provides information and updates to the Task Force on the continued quality improvement efforts, including the CFSR and the PIP.

### Court Improvement Project (CIP)

The Court Improvement Project/Model Court Committee was unable to meet in person for much of 2020 because of COVID 19. However, the team has resumed meetings remotely starting in January 2021 and continues to meet on a monthly basis. The current work being done involves some revision of the 2003 Court Improvement Protocols. Over the next five years, the Model Court Project will develop new chapters and update those needing revisions. Over the previous year, the team completed new protocols regarding Identifying and Locating Missing Parents and Parental Fitness Hearings (formerly Bill F. Hearings) which is an area identified in NH's Program Improvement Plan which will both support timely permanency for children and youth, as well as improve family and father engagement. In addition the team focused on the development of an evaluation committee who will oversee the evaluation of implemented protocols. Over the next four years the team will continue to work on topics including: Permanency Hearings, Post Permanency Hearings, concurrent planning, and foster parent notification of hearings. The Model Court Project continues to have membership from an array of key stakeholders including the Court, Court Improvement Project, DCYF, CASA, and Parent Attorneys.

In addition to the development of protocol work, CIP and DCYF have collaboratively worked together on the development, implementation and evaluation of the 2019 Program Improvement



Plan, specifically areas related to permanency in child protection cases. However, CIP has been supportive in assisting DCYF in the creation of several court order revisions in support of juvenile justice cases having the same expectations for missing parents and concurrent planning. Finally, the CIP team has also been an integral part of the work done to develop a high quality legal representation program.

### Service Description (Title IV-B, Subpart 1)

#### Family Violence Prevention Services

Since 1997, New Hampshire has benefited from having co-located Family Violence Prevention Specialists (FVPS) in each DCYF district office. This program is funded through Violence Against Women Act (VAWA) funds, the Family Violence Prevention and Services Act (FVPSA) as well as Title IV-B funds.

The FVPS program is an ongoing partnership with the [New Hampshire Coalition Against Domestic and Sexual Violence](#) (NHCADSV) who provide staff from local crisis centers to work in the DCYF district offices providing case consultation, direct services and referrals for families experiencing the co-occurrence of domestic violence and child maltreatment.

The FVPS continues to function as described in the [2020-2024 CFSP](#). Currently there are thirteen domestic violence crisis centers in NH. Each district office is connected with a domestic violence crisis center, and at least one family violence prevention specialist (FVPS). Currently all FVPS positions are filled. When a FVPS position is vacant the Crisis Center identifies a person to cover the position until filled. The North Country Support Center has decided not to continue having the sub-contract for the FVPS program and will end on April 1. A meeting with the Littleton DO, the Coalition and program administrators will occur to introduce everyone to the new structure. Littleton will now be covered by 3 different Crisis Centers in the area. This should be a smooth transition as some of the Crisis Centers have already been filling in during this past month. The Pandemic has created an increase in DV cases for the FVPS's overall not just the referrals they see in their assigned District Offices, this has created burnout and turnover.

DCYF in partnership with the NHCADSV has started to examine aggregate outcomes of FVPS service utilization. NHCADSV does provide referral data to DCYF; however, DCYF has identified a need to expand that, to measure actual service usage and outcomes. Further refining this information would allow data to be used by each individual district office specifically to ensure optimal use of the services. Data sharing and analysis between the Family Violence Prevention Coalition and DCYF could improve consultations and referrals for families experiencing violence to help reduce their risk and mitigate danger. The NHDVC was able to purchase a new data software in December. The received funding from DOJ to sustain and support the new data system.

They believe the system will now be ready to provide the data we are requesting in the late Fall of 2020. This software system is in the implementation phase, due to launch June 2021. In the meantime, they are working with the Permanency Adoption Supervisor (PAS) to determine what data the system needs to capture for DCYF.

DCYF is working with the Coalition to improve their data collection process. While they work on building a new data collection system, each crisis center tracks all incoming referrals. Most often the local FVPS and District Office teams manage discussions about referral data during supervisions between FVPS and DO Supervisor. The Coalition is developing a 1 page support sheet on Best supervision practice to assist in the supervisions of the FVPS's and their specific role in the DO. In addition to referral data, crisis centers have been using referral data to dig deeper into historical trends for both families and trends within regions in order to better support training needs for DO staff. I.e. if an office is experiencing a high volume of DV incidents involving choking, they would then provide targeted training to the office around how to talk with those families and how to manage those situations. The FVPS continues to provide training on current trends in their assigned DO's. During this time of the Pandemic current trends are housing issues, and an increase in more lethal and dangerous incidents. In addition, they are available to help with consultation around any legal proceedings for victims. DCYF is supporting the Permanency Planning Teams (PPT) to invite the FVPS into their meetings for consultation purposes when a case has DV. If the FVPS is unavailable during PPT time the CPSW will consult with the FVPS and bring that information to the PPT team.

During FFY 2020 (the funding cycle for the FVPS agencies [10/01/2019 through 09/30/2020]), there were 2,471 DHHS contacts by Division including DCYF; there were 927 FVPS informal consults with CPSWs. CPSW's referred 764 victims to FVPS; FVPS served 396 adult victims referred by CPSW's. (Data Source: FFY20 Coalition Data Annual Report) (*Data Source: FVPS Provider Agencies*)

The Permanency Adoption Supervisor (PAS) manages the FVPS program, which is overseen by the NH Coalition against Domestic and Sexual Violence (NHCDSV). This has changed because of Covid and a change in personnel at the Coalition: I am trying to get this meeting back to monthly, however it is still not on a monthly schedule. I continue to reach out and try to get this scheduled. She now meets monthly with the NHCDSV to build relationships between the two partners, to identify needs of both the local DO's and the FVPS, and to discuss ongoing collaboration for service improvement, and to build relationships between the agency and NHDVC. Having this relationship makes it easier to address issues when they arise.

In an effort to improve utilization of risk and safety related services available in the office, as part of the PIP Goal 5 Service Array, Strategy 3, the DO supervisors and FVPS meet quarterly. Quarterly coalition meetings have focused more on data around training needs, as opposed to the numbers of referrals coming into the crisis centers as this has not been perceived as a problematic

area. They have prioritized training needs of newer staff and/or more advanced needs of seasoned staff. I.e. when you are trying to work with a batterer who is demonstrating battering behavior toward the CPSW or JPPO. Additionally these meetings are used to brainstorm challenges. At one of the quarterly meetings, it was discussed that technology use (prior to COVID) and texting was a much easier way for caseworkers to reach the FVPS. The FVPS did not have this technology. There was a pilot program started in the Crisis center that serves the Southern DO where the FVPS's were given work phones to text with caseworkers and clients. This pilot did very well and we had discussed rolling it out for all FVPS's to have work phones and COVID came along which pushed that forward much faster than it would have rolled out. Currently, all FVPS's have work phones now that they can text with caseworkers making communication quicker and they can text with clients to set up and schedule consults and supports. They also worked as a team to revise the FVPS referral sheet to make it more effective. Since Covid, all meetings have been virtual. The current discussion has been around DO supervisors and their supervision with the FVPS assigned to their office. Topics discussed in this supervision: FVPS provides the DO supervisor the current list of referrals that they have been given to compare with the tracking of the referrals the office has received. Training needs for staff, discuss current themes in their catchment area and how to consult on a DV case/expetations in a PPT meeting. Current needs: CPSW's needing resources to refer survivors/victims of DV for mental health support. FVPS will work on some resources and tools for CPSW's to help engage a survivor in choosing a good fit for themselves to help them feel empowered and more apt to engage in the mental health treatment. Community Mental Health Centers have long wait lists, and resources for mental health treatment with expereince in trauma inflicted by DV is very limited around the state.

In the Round 3 [\*Program Improvement Plan\*](#) there is an emphasis on expansion of access to both DCYF contracted, and community-based safety services. Specific data points will be tracked by the NHCADSV, and shared with DCYF, and this information will be utilized to inform practices to better serve families experiencing family violence. This work will continue as the new data system is implemented.

### MLADC Program

Project First Step, also known as the MLADC Program continues to provide services as described in the [\*2020-2024 CFSP\*](#). In the Round 3 *Program Improvement Plan* there is an emphasis on expansion of access to both DCYF contracted, and community-based safety services MLADC consultants are co-located in various district offices in order to provide quick access to services for both clients and DCYF staff.

In the Spring 2020, the contract for Project First Step, also known as the DCYF MLADC Program, was awarded to one agency, Foundations Counseling, LLC. The company committed to having

one Clinical Supervisor and (8) MLADC's to provide direct services statewide. Foundations Counseling hired five of the existing independent contractors and expanded recruitment for the four vacant positions. Two of the staff left employment and one was hired in the Fall 2020. Despite multiple efforts and platforms used to hire for the vacancies it remained difficult to fill the positions. In December 2020, DCYF agreed to a budget amendment that allowed Foundations Counseling to offer benefits to current and potential employees. Due to these changes, the remaining vacancies were filled and the DCYF MLADC program was fully staffed as of March 2021. Each of the Offices has a Consultant available for case consultation and direct services for DCYF clients.

The staffing goal for the program is to have all Consultants dually licensed to provide both mental health and substance use disorder treatment due to the complexity of the problems facing families involved with DCYF. To date, five of the Consultants are dually licensed, two have an MLADC's and one is an LCMHC (Licensed Clinical Mental Health Counselor). The Consultants with only one license are actively pursuing their second license.

Contractors in their first year and the Supervisor are required to provide 30% of their time in direct services. Other consultants are required to provide 40% of their time in direct service. Currently both groups are meeting expectations for percent of time providing direct service.

The MLADC Consultants continue to answer questions, provide feedback and offer coaching to DCYF staff during general and case specific consultations. They do this by providing individual and group consultation for workers, sharing information during staff meetings, offering trainings and participating in team meetings. It is estimated that MLADC Consultants spend between 15-20 hours per week doing consultation with DCYF staff. Due to the volume of the consultation, this information is not tracked individually.

In the Spring 2020, the MLADC Program partnered with the Strength to Succeed Program to offer trainings on a quarterly basis to DCYF staff and community partners. Some of the topics for 2021 include: stages of change and intervention, addiction and the brain, engaging families with substance use disorders and learning about the levels of care for substance use treatment in New Hampshire.

In the Fall 2020, the MLADC Program partnered with Onsite Drug Testing of New Hampshire to provide a statewide training for DCYF staff to improve knowledge about drug testing results and how to effect change by using drug testing as a tool. By looking at the data, we can see just how important this training was. Scores of 50% on the pre-test is evidence of the need for training in this area. The post-tests scores that showed significant increases demonstrated the transfer of knowledge on this subject. These trainings have been converted into one (for both Assessment

and Family Service) and will be used for the CORE training class going forward. In addition, a similar training will be developed for the staff involved with Juvenile Justice cases.

Assessment Training (3 sessions - 3 hrs each)

127 DCYF staff participated

Average pre-test score: 50.97

Average post-test score: 89.95

Family Service Training (3 sessions - 3 hrs each)

139 DCYF staff participated

Average pre-test score: 49.16

Average post-test score: 89.95

By looking at the data, we can see just how important this training was. Scores of 50% on the pre-test is evidence of the need for training in this area. The post-tests scores that showed significant increases demonstrated the transfer of knowledge on this subject. These trainings have been converted into one (for both Assessment and Family Service) and will be used as part of the DCYF CORE training going forward.

The MLADC Program is responsible for teaching new DCYF staff about the Impact of Substance Use on Families. During the past year 2020-2021, the number of training sessions increased from (4) to (7) to accommodate a high number of new hires.

Additionally, the MLADC program has expanded their data collection process in several ways over the last year including being part of a survey was issued in May 2020 to the field to identify needs, and where the program is most effective. (*Data Source: DCYF Annual Stakeholder Survey, May 2020*)

- 91.5% of survey respondents (155 respondents) agreed or strongly agreed they can access a variety of courses/trainings/workshops both online nor in person to suort their training needs.
- 71.79% of survey respondents (155 respondents) agreed or strongly agreed there are limited new or relevant courses/trainings/workshops available.

As noted above, substance use education and training occurs through the Core Academy, individual trainings, during staff meetings and during individual consultations with field staff.

- 77% of survey respondents (366 respondents) agreed or strongly agreed there are services accessible in their area that help keep children and youth safety in their homes with their parents and prevent foster care and residential placement.

One of the goals for the DCYF MLADC program is to provide co-occurring mental health and substance use disorder treatment in a timely manner in order to support changes in the family that would allow the children to remain safely in their homes. Data outcome measures (FY2020) for the program show that with participation in short and/or long term counseling services, 79% of the families were successful in keeping children safely in their home. (See Data Below)

- 67% of survey respondents (441 respondents) agreed or strongly agreed there are services accessible in their area that help meet parents' and youths' needs for mental/behavioral health treatment.
- 74.6% of survey respondents (403 respondents) agreed or strongly agreed there are services accessible in their area that help meet parents' and youths' needs for substance abuse treatment.
- 60% of survey respondents (481 respondents) agreed there are gaps in the accessibility of the aforementioned services.

There were (271) comments made in response to this question. Forty-seven comments (17%) mentioned a gap in substance use treatment services and (109) or 40% mentioned gaps in mental health services.

- 84.4% of survey respondents (109 respondents) agreed they have access to a MLADC consultant.
- 88.75 % of survey respondents (80 respondents) agreed or strongly agreed they consult with a MLADC consultant on assessments and cases where substance abuse concerns are present.
- 64.76% of survey respondents (105 respondents) agreed their clients have engaged in direct services through the MLADC Program.
- 93.8% of survey respondents (49 respondents) agreed their clients have engaged in direct services through the MLADC Program.

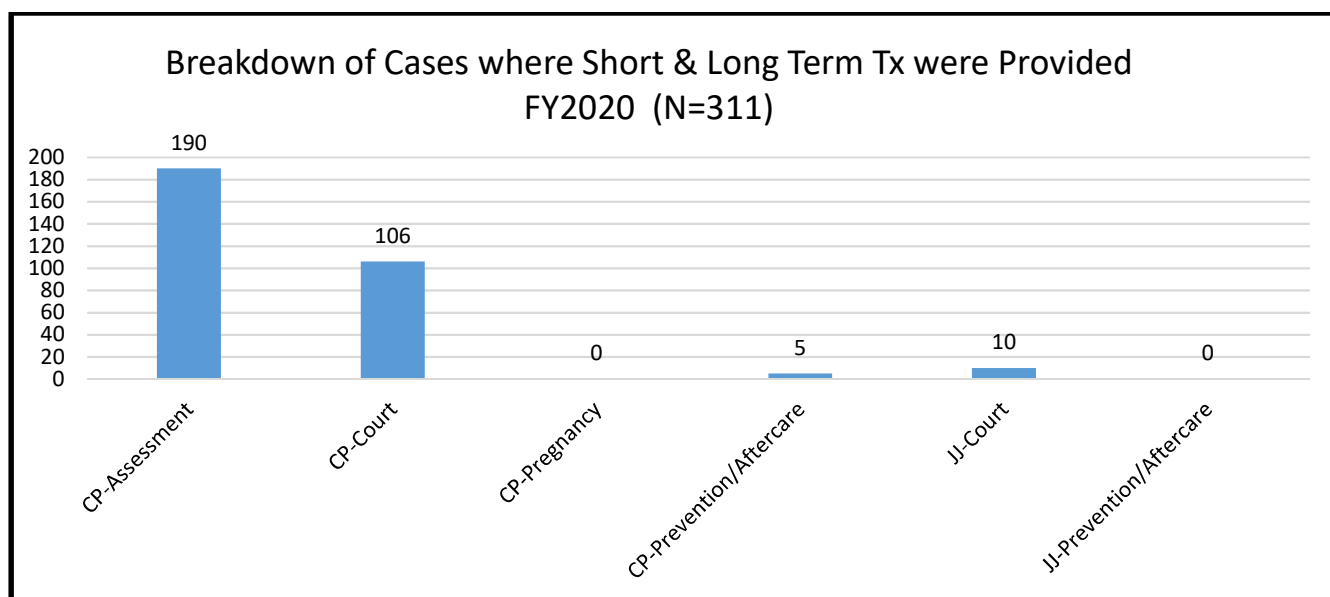
The DCYF MLADC Program expanded and was full staffed in March 2021. Because there is coverage statewide the results of this survey are expected to improve over time.

The MLADC program has continued to collect outcome data. The preceding information was taken directly from the Project First Step/ DCYF MLADC Program Annual Report FY 2020: (Data from FY 2021 will be available in September 2021)

### **Outcome Data**

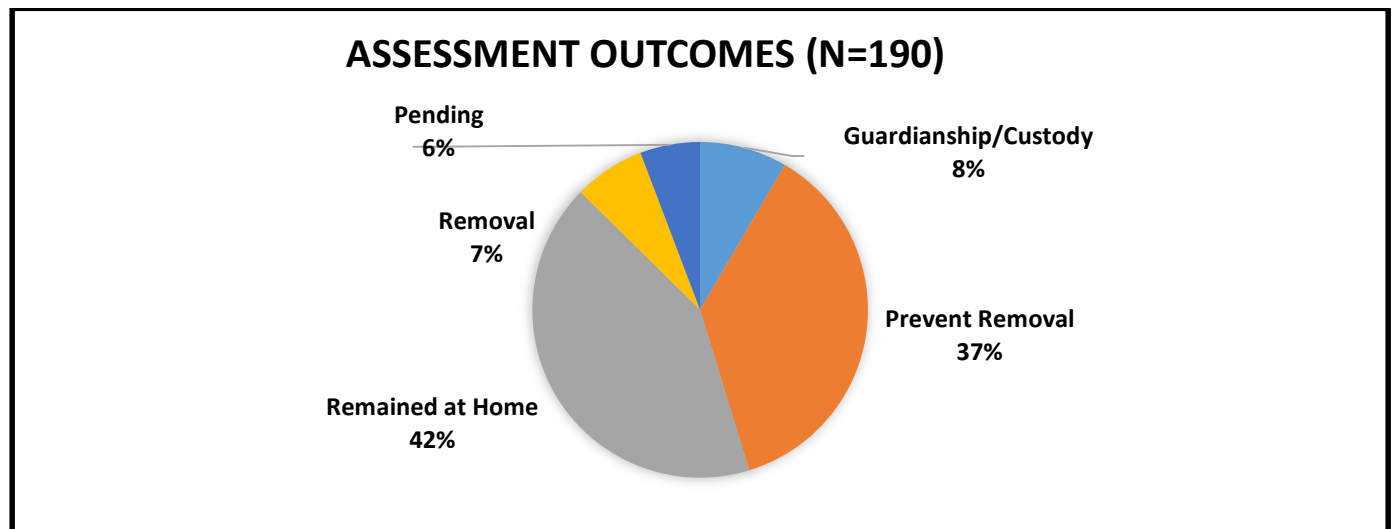
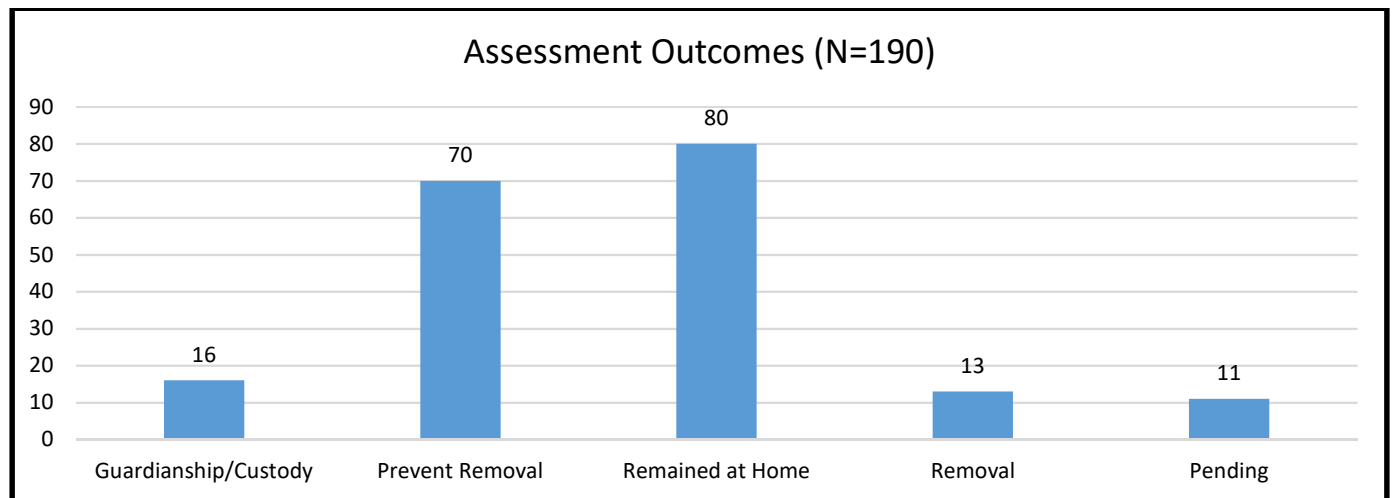
In FY 2020, the Project First Step/ DCYF MLADC program started to monitor several outcome measures for the cases where direct services were provided. If a client received short- or long-term counseling (n=311), the outcome of the DCYF case, the length of client's sobriety and the client's engagement with DCYF during a court case was recorded.

There were (311) cases that received short or long-term counseling in FY2020. Below is a chart that lists the case type for cases that received short- and long-term treatment.



### **Assessment Cases**

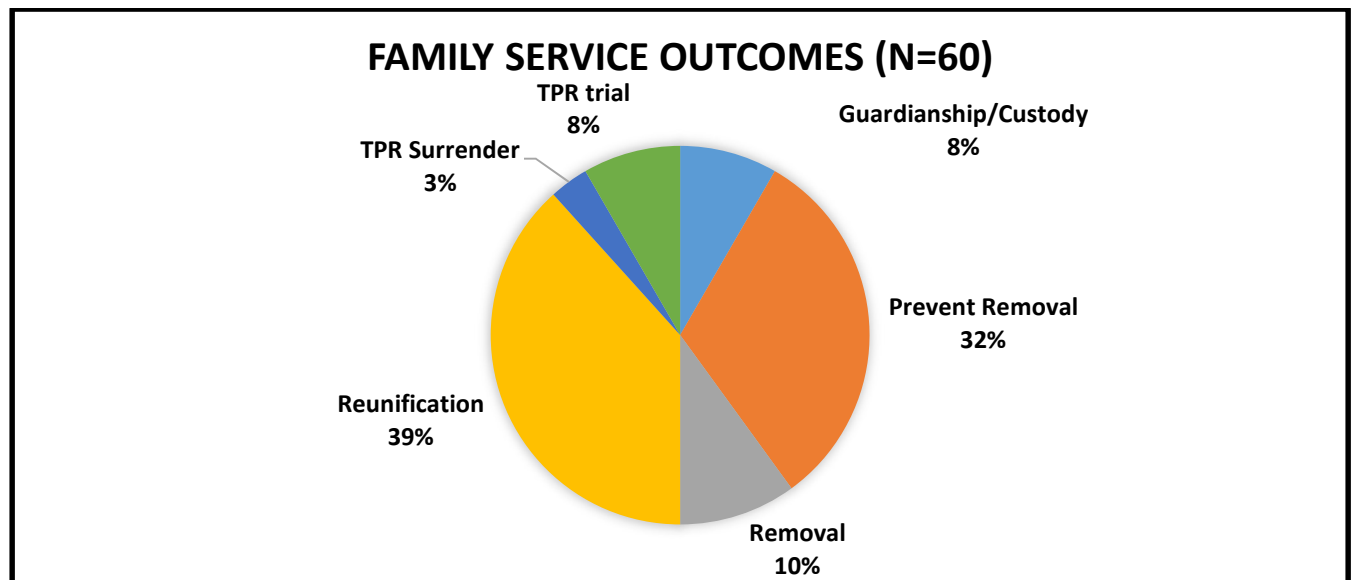
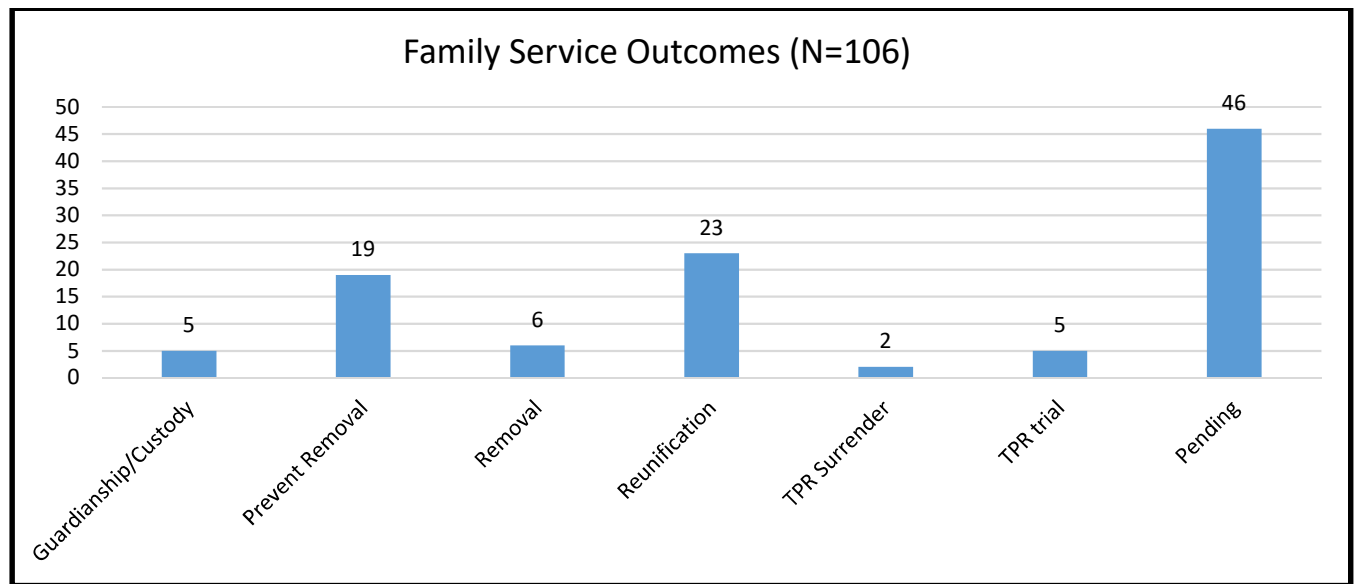
In FY2020, (594) assessment referrals were made to the Project First Step/DCYF MLADC Program. Of those referrals, (190) received long and short-term counseling services. The definitions and a summary of the outcomes is listed below:



### Family Service Cases

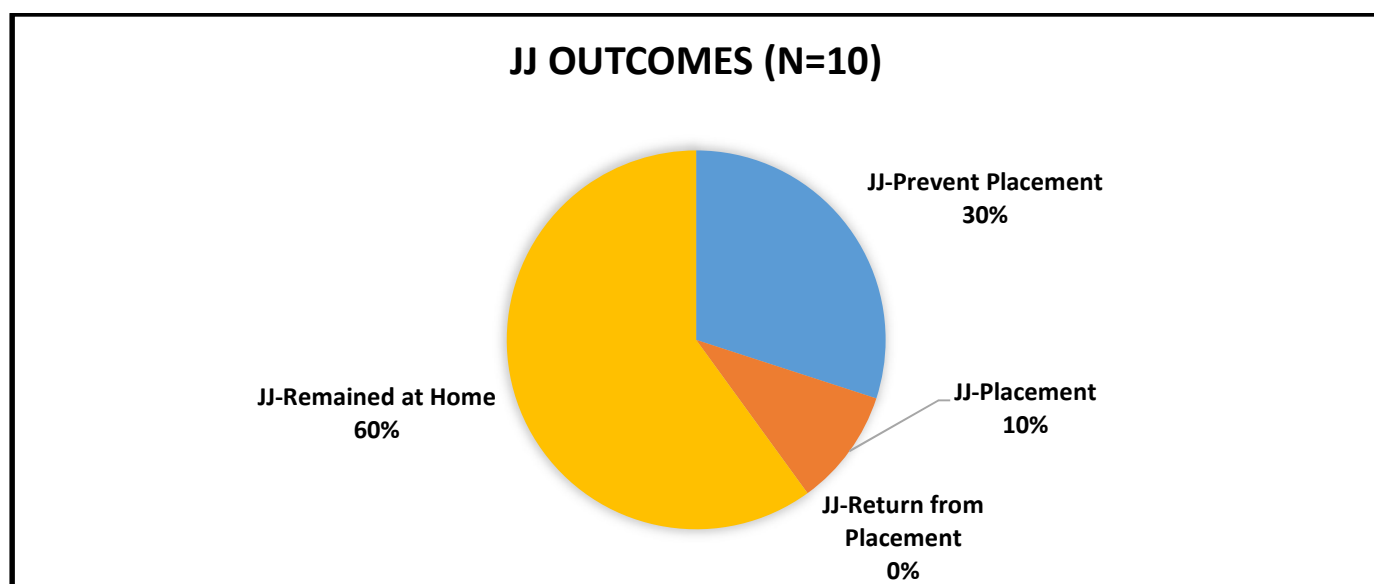
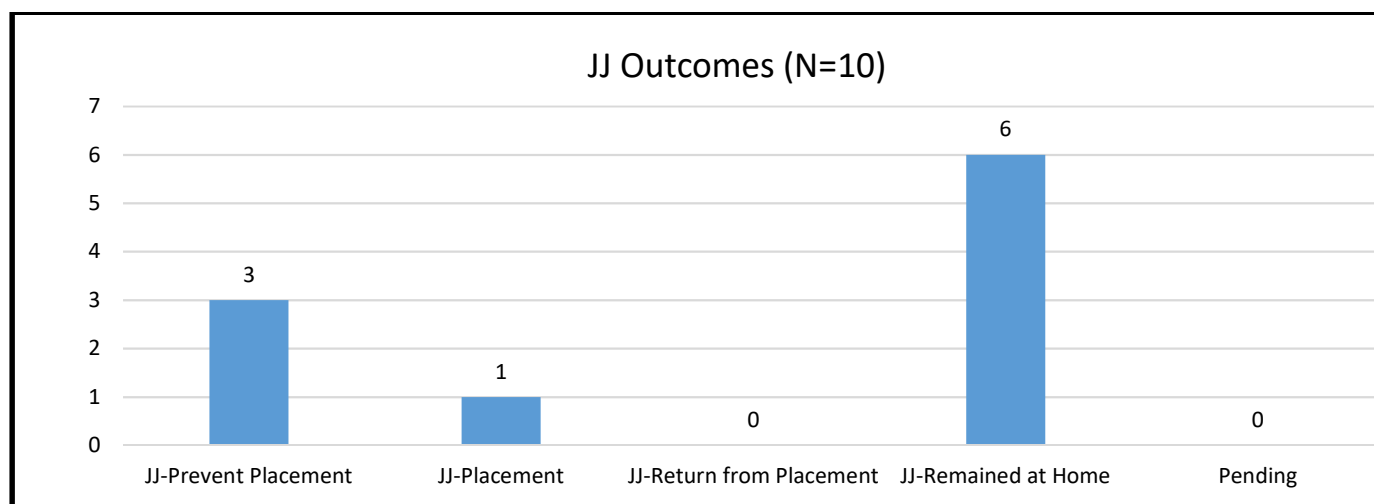
In FY2020, (248) family service referrals were made to the Project First Step/DCYF MLADC Program. Of those referrals, (106) received long and short-term counseling services. Due to the length of time that family service cases remain open, (46) of these cases are still pending. There are (60) recorded outcomes for the remainder of the cases. The definitions and a summary of the outcomes is listed below:





### Juvenile Justice Cases

In FY2020, (29) juvenile justice referrals were made to the Project First Step/DCYF MLADC Program. Of those referrals, (10) received long and short-term counseling services. The definitions and a summary of the outcomes is listed below:



**\*\* Due to the small sample size, there are limitations to interpreting this data.\*\***

### Roadmap to Reunification Program

The Roadmap to Reunification process is to ensure that children in foster/relative placement, and their families, have periodic, time-limited reviews to ensure progress in improving safety, permanency, and well-being. The goal is to put an intensive focus on reunification in the first six months of a child's placement. A Roadmap to Reunification Specialist (RRS), employed through Northeast Human Services provides an icebreaker at the 10-day meeting to engage the placement provider and the birth parents in starting to form a working relationship in co-parenting the

children. This assists in alleviating fears that might impact reunification. It will also improve the child's transition into the foster/relative home and help to elevate anxiety for them and their parents. It will also help the parent's continue to parent their child and provide a sense of hope.

A 3-month meeting will be scheduled to review the progress and work through any barriers to reunification. The Roadmap to Reunification Specialist is assigned to placement cases starting at the beginning of placement and transition from the case at the 6-month Permanency Planning Team (PPT) meeting. It will be at that time that the Permanency CPSW will take over this role of the case oversight. At the 6-month PPT meeting, the Roadmap to Reunification Specialist will provide an overview of reunification efforts that have been developed with the family.

To promote continuity in communication and sustained attention during their 6 months of involvement, the RRS will contact the family and placement provider every 30 days. The goal of these contacts is to assess progress on achieving the three tasks identified at the 10-day meeting and, if there are any barriers to those, brainstorming ways to remove barriers in advance of the 6-month PPT meeting.

Building this relationship will also assist in the adoption process if the goal of reunification cannot occur and the plan changes to adoption. This Specialist will be adequately prepared to facilitate the icebreaker, through use of conflict resolution and motivational interviewing techniques, and have an overall understanding of building relationships during conflict and having difficult conversations. This will be important when supporting the relationship between the birth parent and the placement home. While the goal with this program is to support more reunifications, and therefore fewer adoptions, we also anticipate that discussions around concurrent planning will begin earlier in the placement and the relationship between the placement provider and birth parents will improve. We anticipate this will positively impact the achievement of adoptions due to improved trust and relationships between team members. Roadmap to Reunification is within its first six months of statewide implementation. There are seven roadmap specialists who provide coverage for the state and are overseen through the contract with Northeast Family Services. A Roadmap Subcommittee meets monthly to review program data including the number of families served, compliance with timeframes, results of participant surveys, as well as discussions around any refinements which need to be considered. This subcommittee is comprised of state program specialists, administrators, and contractor administration.

**The first quarter report indicates:** Northeast Family Services received seventy-three referrals for Roadmap to Reunification between October 2020 and January 2021. Out of seventy-three referrals, only five referrals were not enrolled, due to case closing or child moving to residential placement. As of the end of January, ten 3-month meetings had occurred. Twenty-one ice breakers were held on time, leaving fifty-five that were late. The delayed meetings were due to late referrals,

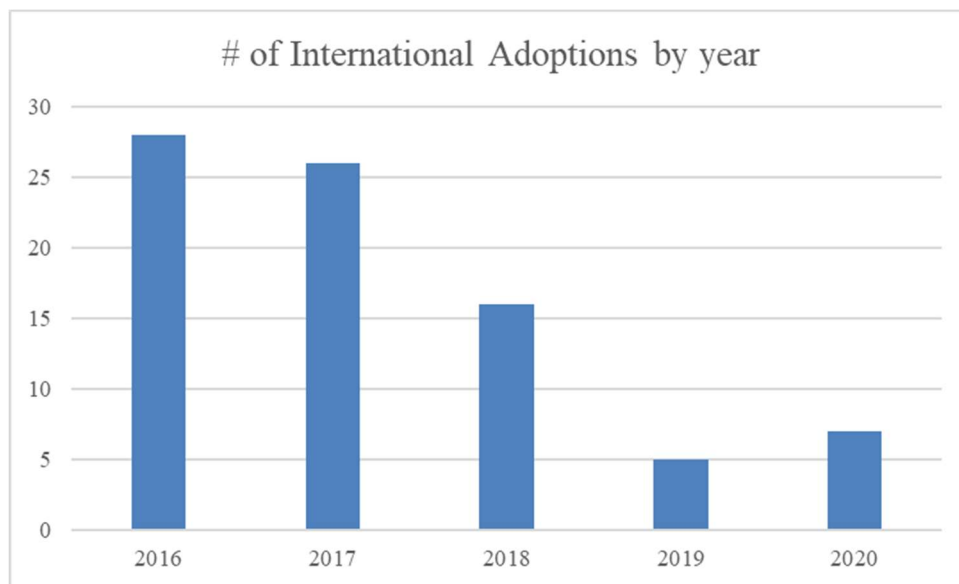
lack of communication from DCYF, difficulties in schedule's aligning, difficulty reaching parents, and holidays.

A family survey completed through Survey Monkey is sent to all participants of any R2R meeting. There is a 79% completion rate for the Family Survey, with a total of 70 completed surveys. Concord, Manchester and Southern have the highest rates for completion. CPSW is the highest category completed, followed by CASA than foster parents. Parental participation is very low, mothers are at 12.50% and fathers are 3.57%. Overall, 75% of participants reported that their specialist helped prep them for the meeting. Comments for others reflect that they were not contacted prior to the meeting, no agendas were provided, and attendees did not know what to expect. 91.43% of surveyed results reported that the specialist appropriately explains the meeting. 55.07% of parenting time remained the same at the time of the icebreaker meeting, 17.30% increased parenting time and 4.35% decreased parenting time after ice breaker meetings. The comments reflect the difficult dynamics of cases that the specialist is not always aware of and the factors that play into increased visitation. Additionally, many comments stated they are not sure what the statement is referring to on the survey. 77.14% report that all of the right attendees were present for the meeting with 17.4% that reporting participants were missing from the meeting. The comments reflect a mix of those who were not invited versus those who were invited but did not attend. 62.69% report an increase of relationship with the placement provider. 84% report the decisions made at the meeting supported the family goals. The overall comments reflect a very positive experience, that was collaborative, supportive, and helpful for the parties for introductions and to align with the goals. Other feedback includes, making sure there is an agenda and preparing the parties ahead of time with questions that are going to be asked, so they can be prepared with the information and to be able to ask questions and cover all concerns. (*Data Source: North East Family Services, quarterly report, January 2021*)

### **Services for Children Adopted from Other Countries (section 422(b)(11) of the Act)**

Since the submission of the 2020-2024 CFSP, New Hampshire has not made any changes to its statutes, rules, policies or practices related to the adoption of children from other countries.

The New Hampshire Child Placing Agencies have continued to see a decline in the number of international adoptions in the past year, with only 5, where the previous year there had been 16. (*Data Source: NH Child Placing Agencies and VS-37 reports through private adoptions*)



*(Data Source: NH Child Placing Agencies and VS-37 reports through private adoptions)*

New Hampshire does not provide post-adoption services through DCYF to any adoptees except those who are adopted through DCYF.

## Services for Children Under the Age of Five (section 422(b)(18) of the Act)

The New Hampshire state statute allows for DCYF to authorize “ordinary medical care” for children/youth in DCYF legal custody. In June of 2019 the Division implemented the statute into practice. Despite our attempts to engage parent(s) in providing consent to various levels of care for their child, there are situations with which DCYF must ultimately do so for a variety of reasons. This level of consent includes but is not limited to: routine/emergency care, routine/sick check ups, medication, mental health assessment/treatment as well as various evaluations. Attending to a children’s needs in one of these areas increases our ability to provide developmental services in a timely manner.

The Preventing Sex Trafficking and Strengthening Families Act, Public Law 113-183 Section 111, requires all state authorities to develop a Reasonable and Prudent Parent Standard for the child’s participation in age or developmentally appropriate extracurricular, enrichment, cultural, and social activities; and to apply this standard to any foster family home or child care institution receiving funds under title IV part E. Having the ability to approve participation in such activities will ensure direct caregivers can attend to a young child’s developmental needs.

“Reasonable and Prudent Parent” standard incorporated in the law allows caregivers to give children in care permission to do daily, age appropriate, activities such as attending community and social events, going on trips with the foster family, joining a school athletic team, getting a part time job or going to an event with friends. Prior to this federal law, children in care in many states, including NH faced barriers to being able to participate in normal childhood activities because of the multi levels of permission that needed to be obtained from birth parents, agencies and at times, the court.

The Division will be implementing the use of an enforceable protective order through RSA 169-C court cases which will allow us to have orders of protection issued in limited situations with which safety is imminent. For example, such orders could be utilized in consultation with DCYFs legal department relative to domestic violence situations and would be issued according to statute: I. If the court finds sufficient facts to sustain the petition, at a preliminary disposition, the court may:

- (a) Permit the child to remain with the parent, relative, guardian, or other custodian, subject to such conditions and limitations as the court may prescribe.
- (b) Transfer legal supervision to a child placing agency.
- (c) Transfer protective supervision to a child placing agency.
- (d) Issue an order of protection setting forth conditions of behavior by a parent, relative, guardian, custodian, or a household member. Such order may require any such person to:
  - (1) Stay away from the premises, another party, or the child.
  - (2) Permit a parent or other named person to visit the child at stated periods and under such conditions as the court may order.
  - (3) Abstain from harmful conduct with respect to the child or any person to whom custody of the child is awarded.
  - (4) Correct specified deficiencies in the home that make the home a harmful environment for the child.
  - (5) Refrain from specified acts of commission or omission that make the home a harmful environment for the child.

I-a. Notwithstanding RSA 169-C:25, a copy of each protective order issued pursuant to RSA 169-C:16, I(d)(1) shall be transmitted to the administrative office of the courts electronically or by facsimile. The administrative office of the courts shall enter information regarding the protective order into the state database, which shall be made available to the police and sheriffs' departments statewide. It shall also update the database upon expiration or termination of the order.

Eliminating young children's exposure to violence will have a positive impact on decreasing adverse childhood experiences, thus further our effort to keep all children and the protective caregiver safe and well.

## Efforts to Track and Prevent Child Maltreatment Deaths

### Rapid Safety Feedback

New Hampshire is engaged in the *Rapid Safety Feedback*® program through a contract with Eckerd Connects, using predictive analytics to identify and intervene with children who are at high risk of fatality or severe maltreatment. There are several factors used to identify these high-risk children, including number of prior assessments, frequency of assessments, type of allegation, age of the child, and household composition. *Rapid Safety Feedback*® continues to function as described in the 2020-2024 CFSP. Once these children have been identified, Division Quality Assurance staff who are trained in the *Rapid Safety Feedback*® model review the investigations involving these children to ensure that there are no gaps in practice and that safety planning is appropriate. If the Quality Assurance staff determine there is a need to complete tasks in the investigation to ensure child safety, staff will use coaching and feedback to identify those gaps and make an action plan to complete identified tasks.

The ultimate goal of using *Rapid Safety Feedback*® is to reduce child fatalities and instances of severe maltreatment. This will be measured by seeing an increase in the number of founded investigations overall, especially with these children at highest risk of maltreatment, improvement in the thoroughness of investigations, improvement in the quality of investigations, and fewer child fatalities and instances of severe child maltreatment. Data from May 1, 2020 to November 3, 2020 support that the rates of findings made (court involvement and Founded, Problem Resolved) are indeed higher in assessments involved with *Rapid Safety Feedback*® than general assessments. In *Rapid Safety Feedback*® assessments, court involvement happened in 14.3% of assessments, versus 4.4% of non-RSF assessments, supporting that the model is identifying the appropriate high risk families for the program, and that sufficient evidence is being gathered with the help of the *Rapid Safety Feedback*® to support further court interventions (Data Source: NH SACWIS).

### Fatality Reporting to NCANDS

Since January 2018 the NH Division for Children, Youth and Families (DCYF) has been conducting investigation of all child fatalities that are suspected to be the result child abuse or neglect. All such fatalities are reported in the NCANDS child file.

### New Hampshire Child Fatality Review

The New Hampshire Department of Health and Human Services (DHHS), in conjunction with the Department of Justice (DOJ), Office of the Chief Medical Examiner (OCME) and in accordance with RSA 611-B and RSA132:41, has established a New Hampshire Child Fatality Review Committee (CFRC) to conduct comprehensive, multidisciplinary reviews of preventable infant, child, and youth deaths in New Hampshire for the purpose of identifying factors associated with the deaths, and to make recommendations for system changes to improve services for infants, children, and youth. In 2019, the New Hampshire Legislature codified and established the CFRC under RSA132:41. The law also changed the “host” of the Child Fatality Review from the DOJ to DHHS, specifically to the Division of Public Health Services (DPHS). This recommendation came from both agencies to better focus on the population-based, public health focus of the reviews. The CFRC consists of around 30 members representing government agencies (DHHS, DPHS, DCYF, DBH Attorney General; Judicial Branch; DHHS; DCYF; Department of Safety; State Medical Examiner; Fire Marshall); Law Enforcement (State and Local); Community Mental Health Services; Granite State Children's Alliance; NH Coalition Against Domestic and Sexual Violence; Academic partners and health care agencies.. The primary objectives are to: Describe trends and patterns of child deaths in New Hampshire; Identify and investigate the prevalence of risks and risk factors among the populations of deceased children; Evaluate the service and system responses for children and families and to offer recommendations for improvement of those services; Improve the quality and comprehensiveness of child fatality data by enhancing and integrating information obtained from autopsies, death scene investigations, death certificates, police reports, medical records, and other relevant sources; and ultimately enable state agencies, law enforcement, health care providers, and community-based organizations to more effectively prevent and investigate child fatalities.

Under the auspices of the DPHS , the CFRC has submitted an Annual Report that reflects the work of the New Hampshire CFRC during the calendar year 2020. The work of the CFRC and the purpose of recommendations produced during the reviews is to reduce preventable child fatalities from intentional and unintentional injury in New Hampshire. The report highlighted that New Hampshire's child mortality rate continues to be below the national average. The report provides a detailed summary of state-level trends from death certificate data among children birth through the age of 21 who were residents of the state of New Hampshire.

The CFRC held six(6) review meetings and reviewed four suicides and three drowning cases in 2020. Recommendations in the report are listed along with the responsible party/agency to follow up and implement the recommendations. Each recommendation is tiered as High/Medium/Low priority. The tier system chosen here reflects the public health impact in improving the lives of children of New Hampshire and the impact on improving the efficacy and efficiency of the



agencies identified under recommendations. The recommendations identified as high priority are expected to have higher public health impact and increase efficiency and efficacy of the work of agencies identified.

Implementation of these recommendations has begun and will help guide the CFRC's future reviews and drive the work of the CFRC in their quest to prevent future injuries and deaths. The information on report, meetings and other information about the committee is available on our website: <https://www.dhhs.nh.gov/dphs/bchs/mch/cfrc/index.htm>.

As part of RSA 132:41, two subcommittees of CFRC were approved; one on Sudden Death in the Young and one, Sudden Unexpected Infant Death. Both are Centers for Disease Control and Prevention funded and both reside in the Maternal and Child Health Section (MCH) within the DPHS. The SUID and SDY review committees were previously within the Executive Order of the former Child Fatality Review Committee and have existed since 2012.

The Sudden Unexpected Infant Death (SUID) review committee is comprised of stakeholders from across the state, including staff from the Department of Health and Human Services, staff from the Office of the Chief Medical Examiner, birthing hospital staff, pediatricians, detectives, injury prevention specialists, and a representative from the NH Breastfeeding Taskforce. The SUID review committee holds three meetings per year and reviews all SUID cases that occur consistent with CDC protocol. This includes a thorough review of the case and a set of generated recommendations. The recommendations are often implemented by the SUID Safe Sleep Workgroup which is comprised of DHHS and birthing facility stakeholders whom meet quarterly. At these meeting, things like hospital safe sleep plans and policies are discussed. The Program Coordinator within MCH provides pertinent CDC and American Academy of Pediatrics safe sleep updates, and information on recent sleep product recalls. In addition, the SUID Safe Sleep Workgroup discusses and reviews newly developed safe sleep educational materials and existing prevention projects. Between meetings, the MCH Project Coordinator has established ongoing communication with the Workgroup members by sharing urgent updates.

There are several processes ongoing to review child fatalities that have occurred due to child maltreatment: the Division for Children Youth and Families' Quality Assurance Specific Case Reviews; the Department's Sentinel Event Reviews; and the Office of the Child Advocate's System Learning Reviews. Each of these reviews consider fundamental circumstances, systems' roles, and tracks internal data to consider trends and preventative recommendations. The Division's reviews are specialized for matters where the Division was involved at the time or within several months of the fatality. The Department's scope is of the larger system, assessing circumstances where more than one departmental bureau or division was involved with the family. While each review has strengths, the importance of building capacity for safety science in these

processes is paramount and a tremendous amount of progress has been made this past year. New Hampshire DHHS has developed collaborative programs in support of safety science within DHHS child fatality reviews, Sentinel Event process, DCYF Quality Assurance Case Specific Reviews, SUID and Maternal Mortality work..

In the fall of 2019, a small team of DCYF, DPH Services, and Bureau of Program Quality staff came together to begin a systems review to connect and map existing processes and programs.

The chart below demonstrates the LEAN work of the three Bureau's as outlined in the four phases below:

- **Phase 1: Evaluate Current State Practices for the DCYF and Bureau of Program Quality staff (formerly OQAI).**
- **Phase 2: Evaluate Current State Practices for DPHS and the Office of the Medical Examiner.**
- **Phase 3: Collect Insights and Ideas from the Office of Child Advocate and Identified Consultant Group.**
- **Phase 4: Complete an Analysis and a Report.**

At the current juncture, the Child Fatality Review processes continues while the 3 business areas continue their work on a future state design that calls for system changes to improve services for families in an effort to prevent infant, child, and youth deaths in New Hampshire.

New Hampshire has been a member of the National Partnership for Child Safety (NPCS): Applying Safety Science in Child Welfare to Improve Safety and Prevent Child Maltreatment-Related Fatalities for the past several years. NPCS was formed with the support of Casey Family Programs, a national operating foundation focused on safely reducing the need for foster care and building Communities of Hope. The collaboration's mission is to improve child safety and prevent serious injuries and fatalities by developing and applying strategies and activities informed by safety science. DCYF has implemented the use of a standardized platform for reviews of critical incidents -utilizing the [Safe System's Improvement Tool](#) (SSIT) and reporting data, improving informed decision-making, and promoting safety innovations in child and family serving systems. For instance the SSIT data is utilized in identifying trends during systems mapping exercises.

### Steps Taken To Develop A Statewide Plan To Prevent Child Maltreatment Fatalities

#### **BACKGROUND**

NH DHHS/DCYF has received tremendous support toward transformation efforts to enhance the array of services among child and family service systems in every community across the State. DHHS continues to work diligently on aligning, integrating, and leveraging all departmental

efforts that touch children and families to promote supportive communities, strengthened families and safer kids.

The Division of Public Health Services has built capacity among the network of Comprehensive Family Support Centers. The DPHS and DCYF partnered with family resource and birthing center to pilot *Plans of Safe Care* for substance exposed infants to provide wrap around services for babies and families. Additionally, the Early Childhood and Primary Prevention DHHS Integration team has seen progress in building systems capacity in projects such as the Community Collaborations to Strengthen and Preserve Families. (See: [Section 5: Populations at Greatest Risk for Maltreatment](#)).

### **ALIGNING SYSTEMS AND SUPPORTS FOR COHESIVE PLANNING**

The Division of Public Health Services plan for completing a Statewide Health Assessment to inform a comprehensive Public Health approach to prevent child maltreatment fatalities has been delayed due to COVID-19 response. The SHA planning will continue in the summer of 2020 and will inform the development of the future State Health Improvement Plan. The Statewide Health Assessment will provide data to analyze any trends in child fatalities, and inform planning going forward on how a prevention plan can most effectively be developed.

Alignment of the DCYF Child and Family Services Plan and the future DPHS State Health Improvement Plan along with the State's Ten-Year Mental Health Plan, State Opioid Response Plan, Suicide Prevention Plan, Whole Families Approach to Jobs initiative, Medicaid Expansion Program, and School Safety Preparedness Plan has been making progress. Efforts will continue to align the work of several legislative committees and activities of the Office of the Child Advocate (OCA) targeted towards the safety and well-being of children, such as:

- DHHS Advisory Board on Children and Families
- Wellness and Primary Prevention Council
- Commission for the Review of Child Abuse Fatalities
- New Child Fatality Review Committee
- NH Injury Prevention Council

The New Hampshire Injury Prevention Advisory Council (NH IPAC) plan is attached to this report. Child maltreatment prevention has been a part of all aspects of NH Injury Prevention Plan and plays a significant role in the 2019-2023 plan. Injury prevention activities have been focused on improving awareness, surveillance and primary prevention among both professionals and the public, including parent education at NH birth hospitals in the Period of Purple Crying- a brief curriculum that educates families about normal newborn crying and offers strategies for soothing.

New Hampshire is among the top five states with the highest rates of opioid-involved deaths. DHHS has made significant progress in building capacity for substance use related data. The Comprehensive Opioid Response Business Intelligence (CORBI) system has been launched and provides critical demographic and geographic distribution data to track substance related death for children. The Opioid crisis dashboard are available internally for review and are not yet public. The dashboard draws from Data Sources available to the NH DHHS. While the dashboards display information on counts of people, data is only presented at a summary level and no persons are identified in the data shown. DCYF data included in the dashboards are allegations of substance misuse and demographics specific to perpetrators of alleged and confirmed allegations. Further, the DCYF specific dashboard created used its data analyzed with Medicaid claims data to provide insight on children who have not been referred to DCYF but whose parents have had a substance related Medicaid claim. This new system helps inform areas in need of greater intervention through child fatality prevention planning.

In support of assisting families impacted by substance use disorder, the Division for Public Health is implementing a pilot project which engages families of substance-exposed infants through home visiting. The pilot focuses on strengthening referrals either from local hospitals or the local DCYF office for substance-exposed infants in both the Concord and Laconia catchment areas.

### **DEVELOPING NH'S CHILD FATALITY PREVENTION PLAN**

The CWST Interagency Team has adopted a primary focus to emphasize and support early and effective responses to family and children's needs using social and economic determinates of health as the foundation. It is with this lens the CWST will work in partnership with the Child Fatality Review Committee and the Division of Public Health to develop NH's Child Fatality Prevention Plan. The COVID-19 pandemic impacted the CWST IAT meeting schedule. A meeting was just held on June 9, 2020 and did not meet again until April 2021. The IAT leads efforts to transform the child and family serving system in NH towards a "system" focused on promoting the well-being of all children and families, including leading the development of the Child Fatality Prevention Plan. *See Steps 1-4 for the plans for the development of the plan as laid out in the 2020-2024 CFSP.*

#### **Step 1: Governance Structure Redesign**

As mentioned previously, this group suspended meeting in the late Fall of 2019. This was to allow for a restart of the team with the concept to support the work of the larger "child welfare" or child and family serving system (community and DHHS). Meetings of the IAT resumed in April 2021.

The CWST Interagency Team resumed meeting in February 2020 under the leadership of DHHS Associate Commissioners and the Deputy Commissioner from the Department of Education. New members of the IAT were introduced at this meeting as well.

The Division of Public Health Services is now facilitating several fundamental efforts, such as building capacity in the network of Comprehensive Family Support Centers, implementing Plans of Safe Care in partnership with the medical community, and coordinating the newly designed Child Fatality Review process. Additionally, they are guiding advancement of DHHS Integration teams on Early Childhood and Primary Prevention, playing an important role in building, expanding, and aligning data systems and interoperability, such as implementing Predict Align Prevent, and they are leading the Community Collaborations to Strengthen and Preserve Families project (See: [Section 5: Populations at Greatest Risk for Maltreatment](#)). Across all efforts, the ultimate goal is to redefine safety as reducing trauma and adverse experiences - particularly related to child maltreatment - and create safe, stable, and nurturing environments where all children and youth can thrive free from harm and abuse.

### Step 2: Conduct a Comprehensive Needs and Gaps Assessment

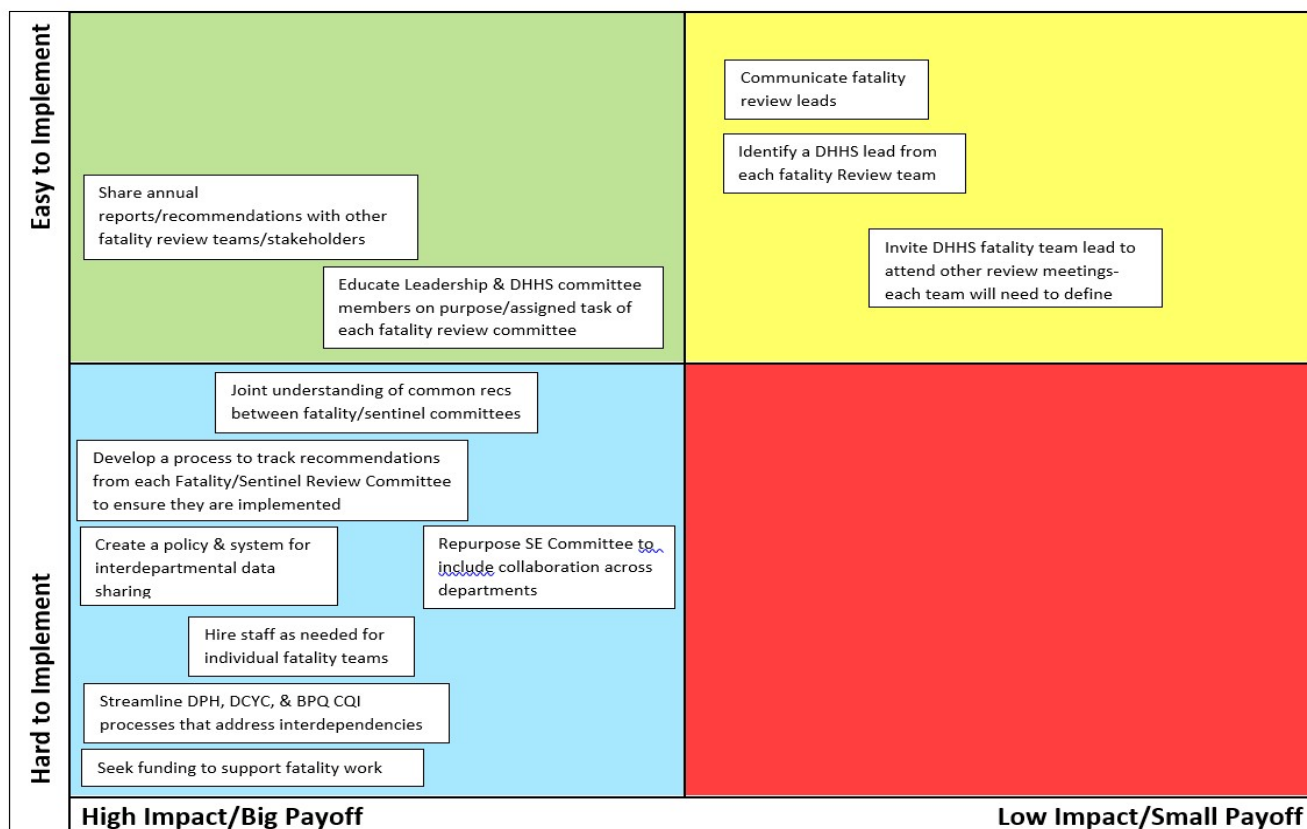
Through the Statewide Health Assessment (SHA) and exploration of DHHS data, DHHS will be able to complete a comprehensive review of the needs and gaps in New Hampshire. As part of a comprehensive review of information, DHHS will internally analyze programs, contracts, and practices, gathering a baseline understanding of data and reports available to examine any trends in child fatalities, and inform planning going forward on how a prevention plan can most effectively be developed. Data systems with proven validity will be a touch point in this process, including but not limited to Eckerd Rapid Safety Feedback, Structured Decision Making, Predict Align Prevent, Vital Statistics, and Medicaid.

### Step 3: Enhancing the Child Fatality Review Process

The new systemic structure, once informed from the comprehensive review will be charged with taking steps through a logic model to build the enhanced Child Fatality Review Process for New Hampshire. The synchronization of efforts will be important for the coexisting processes in DCYF, DHHS and the OCA for their specific fatality reviews. This charge will include the design, implementation, and monitoring of the Child Fatality Review Process, including as it intersects and is part of the overall State Health Improvement Plan.

Over the last year, DCYF, DPH and OQI have worked together to complete a LEAN process to determine where between the three systems there are areas in which it will be both easy to implement changes and generate a high impact, as well as areas in which there will be a high impact, but it will be harder to implement. This will help to inform future improvement efforts for this work. See Chart Below: DHHS Project Team Prioritization and Ranking of Integrated Improvements- Team Child Fatality PICK Chart.

## Team Child Fatality PICK Chart



### Step 4: Evaluate and Plan for Adjustments

Once developed, DHHS knows that every system needs to evaluate and be flexible to the changes in the populations needs. DHHS is considering a Results-Based Accountability (RBA) approach to evaluating and tracking outcomes in the Child Fatality Prevention Plan. This will allow public stakeholders and external partners to contribute system level data given a scorecard to the process. Results-Based Accountability is an outcomes and accountability process which focuses on both tracking and measurement of client population levels of services (programs, organizations, agency outcomes) and whole population accountability (Communities, Cities, Towns, State). For the NH Child Fatality Prevention Plan, various stakeholders will need to agree on the result, their activities, and then finalize their measures. DHHS is anticipating that the process to evaluate and plan for adjustments will be in place by 2021. This will support a fluidity in the plan to evolve and keep in line with the trends and preventative needs in New Hampshire.

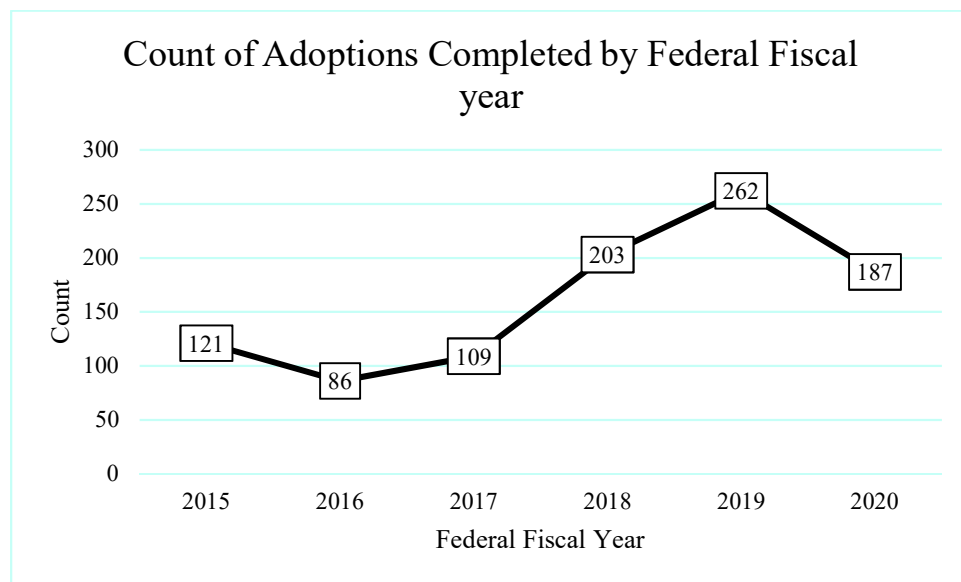
To be viable for implementation and sustainability the Child Fatality Prevention Plan must be built within the framework of other multi-disciplinary efforts being simultaneously formed. The development of the State Health Improvement Plan is anticipated to take twelve to eighteen months starting in summer of 2020. The preliminary work has laid the foundation for the Child Fatality Prevention Plan to be a pillar of the State Health Improvement Plan and will effect greater accountability and resources across the State to effect the momentum needed to be the catalyst for change.

See Steps 2-4 for the plans of the further development of the plan as laid out in the [2020-2024 CFSP](#).

### Promoting Safe and Stable Families (PSSF) (Title IV-B, Subpart 2)

#### Adoption and Post Adoption Program

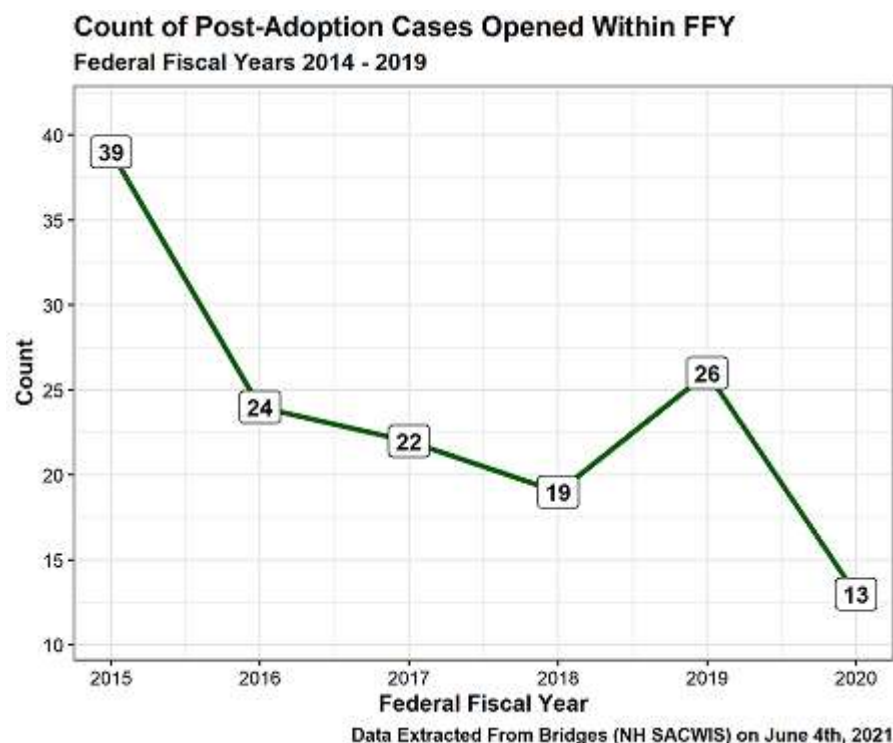
The work of the Permanency/Adoption Unit continues as described in the [2020-2024 CFSP](#). The Permanency Adoption Program Specialist is now the Permanency/Adoption Administrator and supervises five staff, some of whom are supported by Title IV-B funds, who provide pre-adoption consultation to families and staff and post-adoption services, including search services, in-home services, case management, advocacy, and information and referral statewide



(Data Source: ROM extracted March 22, 2021)



Above are the total amount of Finalized DCYF adoptions during the Federal fiscal year. There was a decrease in the amount of adoptions through FFY 2020.



Above are the total amount of Post-Adoption cases that had been opened during the Federal Fiscal Year. It should be noted, that these were cases where direct paid services had been provided. This does not include any cases where searches, referrals, or case consultations were being provided.

Over the last year, the Permanency/Adoption (P/A) unit has been able to consult with families more often. The Adoption Workers attend Permanency Planning Team meeting to identify cases at 6 or 11 months that need additional support. For the most part, access to services has been available when needed.

Over the next four years, DCYF will improve their use of technology, documenting information on services provided in the SACWIS/CCWIS system. The CCWIS design team is still working on the initial modules. Adoption and post adoption would be last on the list for implementation, if it is implemented chronologically. Timeframes are currently unknown.

### Foster Care Program

The foster family care rates are reviewed periodically by DCYF, at least once every budget cycle and are proposed based on a comparison with the USDA cost of living for the previous year and comparable rates for other states within the region. The proposed rates are presented to DCYF



Administration for consideration and inclusion in the Division's budget requests. Foster family care rates are set through the NH Legislative process and are dependent on available funds. Rates for Individual Service Option (ISO) Foster care providers increased by 3.1% of the Medicaid rate on January 1, 2020. No other foster care rates increased.

The categories of foster care remain as described in the [2020-2024 CFSP](#).

### Foster Care Health Program

Please see [Section 10: Updates to Targeted Plans: Health Care Oversight and Coordination Plan](#)

### Foster Care Recruitment and Retention

Please see [Section 10: Updates to Targeted Plans: Foster and Adoptive Parent Diligent Recruitment Plan](#)

### Kinship Navigator Funding

Please see: [Service Coordination \(45 CFR 1357.15\(m\)\)](#)

### Roadmap to Reunification Program

Please see: [Service Description \(Title IV-B, Subpart 1\)](#)

## **Service Decision-Making process for Family Support Services**

There have been no changes to the agencies or organizations selected for funding or community placement of agencies for the Family Support Services component of the Promoting Safe and Stable Families program since the submission of the 2020-2024 CFS. These Family Support Services are funded in part by Title IV-B Subpart 2 money in support of helping families to achieve reunification, and/or support helping families to remain intact within their own communities. Please see [CFS 101 financial forms](#) for more detail into budget allocation.

## **Populations at Greatest Risk of Maltreatment (section 432(a)(10) of the Act)**

### Prevention Services

Please see [Section 5: Updates to Service Description: Child and Family Services Continuum](#)

### Rapid Safety Feedback

Please see [Section 5 Services, Efforts to Track and Prevent Child Maltreatment Deaths](#).

### Strengthening Communities Collaboration

The *Community Collaborations to Strengthen Families Grant* is providing NH an opportunity to build up prevention services across programs and systems, serving families in NH over the next four years. New Hampshire's Community Collaborations to Strengthen and Preserve Families (CCSPF) program is a coordinated service approach for children and families that is enhanced by Predict Align Prevent, the Protective Factors Framework and Boundary Spanning Leadership, (BSL). In the past year, contracts were awarded to two communities, the Lakes Region Public Health Network (Lakes Region Community Services) and Manchester (Amoskeg Health). They have spent the last year planning, creating practice profiles, and being trained in Boundary Spanning Leadership. They began to utilize data to look at their regions and to break down specific needs in their regions. A third region, the North Country (Coos Coalition) is also a portion of the project, with funding provided through the Parental Assistance Funds. Milestones achieved in the past year were Boundary Spanning Leadership training for Community Implementation Teams (CITs), focus groups and pre BSL surveys and coaching, which will continue.

An enhancement to Study 2 (Place and population-based data analytics for data decision-making support- systems and individual level) of NH's project is the Predict Align Prevent, (PAP) program team. This program provides geospatial risk and protective factor analysis identifying high-risk places where child maltreatment may occur in the future. This is completed by taking an inventory of what currently exists for resources and risk behavior for the two locations: Manchester and the Winnepesaukee Public Health Region (WPHR). Casey Family Programs has funded the Predict Align Prevent (PAP) program in NH. The NH CCSPF project manager and one of the DCYF data analyst are working together on this project as co-leads to help inform the CCSPF project. DCYF/DPHS data analysts will work with the PAP team to gather population and place-based analytics for both sites in order to build the state's capacity to better understand these communities. Some of the Data Sources being mapped at the address level will be information on child welfare incidences, crime data and assaults as well as locations of bars, gas stations, laundromats, crisis shelters, child care centers, churches, police departments, schools and fire stations. Once these sources are mapped, the NH team will be able to create a visual map of target areas and resources. The PAP program is focused on the two sites for the CCSPF project, but will allow data analysts to learn this process and replicate it for other areas of the state in the future. The NH team will share this information within DHHS, leadership and with CIT's and community stakeholders to help inform their future assessment of needs and drive service innovations as outlined in Study 2.

On January 23, 2020, NH Governor Chris Sununu signed an executive order creating the Council for Thriving Children. This is a significant change to the current statewide structure of the early childhood system which encompasses four quadrants that will provide information to the Council

In response to COVID-19, A Family Wellbeing guide for COVID-19 has been developed and widely disseminated in response to a significant reduction in calls to NH DCYF in order to provide new guidance and awareness of reporting child abuse and neglect.<sup>2</sup>

Additional successes include: Preschool Development Grant (PDG), Maternal Mortality and Maternal Opioid Misuse grant awards. NH Governor has signed emergency order #22 which supports a statewide Family Support Warm Line for families to call. This order also provides funding to support staffing for domestic violence supports, substance misuse supports as well as funding to DCYF in order to respond to parents who may have concrete needs at this time such as a cell phone or internet access.<sup>3</sup> Additionally, in response to the needs of the state, DHHS has established an emergency child care collaborative. “The State of New Hampshire considers child care an essential two-generation approach; helping parents work and children thrive.”<sup>4</sup>

CIT leads look forward to participating in site visits in the fall to enhance peer learning and opportunities to further compliment primary prevention innovations. The CIT's will be able to use population based data specific to their unique communities to drive future service innovations in prevention programming for children and families through PAP. CIT's are eager to begin enrollment activities and begin using the data platform Quick base solution. A key lesson learned regarding implementation has been centered on the importance of statewide coordination and communication. The NH team continues to prioritize partnerships, awareness about other statewide activities that can be leveraged as well as coordination across projects and partnerships to enhance outcomes for children and families.

### Voluntary Services- Child Protective Services

Please see [\*Section 5: Updates to Service Description: Child and Family Services Continuum\*](#)

### Voluntary CHINS Services- Juvenile Justice Services

In the past year SB 125 passed, which removes the language from statute requiring parental reimbursement. As a result, the Division is anticipating an increase in the number of families that avail themselves of voluntary CHINS services. It went into effect on September 8, 2019. Otherwise, Voluntary CHINS Services for Juvenile Justice remain in place as described in the 2020-2024 CFSP.

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<sup>2</sup> <https://www.dhhs.nh.gov/dcyf/documents/family-wellbeing-during-covid-19.pdf>

<sup>3</sup> <https://www.governor.nh.gov/news-media/emergency-orders/documents/emergency-order-22.pdf>

<sup>4</sup> <https://www.dhhs.nh.gov/documents/emer-child-care.pdf>

## Monthly Caseworker Visit Formula Grants and Standards for Caseworker visits

### Monthly Caseworker Visit Formula Grants

In Federal Fiscal Year (FFY) 2021 (10/1/2020-present) the Division sought various ways to spend the current allotment of funds from the Monthly Caseworker Visit Grant by September 30, 2021. Thus far we used the money to purchase additional video cameras for child protective service workers. Essentially, in FFY 21 we purchased video cameras, memory cards and tripods. The Division is required, per State Statute to video tape interviews we conduct with children and youth in public settings. Specifically, this applies when an Assessment or Family Service worker receives a new abuse or neglect referral on children/youth that we have an open case on. Although they are not required to videotape during our regular monthly caseworker visits, they are required to when we have a new referral. Purchasing additional video cameras has ensured the availability of a video camera when one is needed. Thus, increasing our ability to see children and assess their safety in a timely manner.

The Division also had caseworkers pilot various technology including computer equipment and software, such as; cell phone hotspots, MiFi devices and computers with increased internet capacity across the state. The final findings and outcome of this pilot was to enable Hotspots on state issued cell phones for all Child Protection Service Workers, Child Protection Case Aides and Juvenile Probation Parole Officers. This has enabled caseworkers the ability to enter caseworker visits at any time and location.

Furthermore, the Division will continue to use the data below to inform the utilization of the Monthly Caseworker Visit Grant funds as the 2020-2024 CFSP cycle continues. These measures will focus on addressing the root cause for why monthly caseworker visits with children do not occur in foster care, specifically.

FFY20 data indicates that 94% of visits were made to children in the report population at least once in every full month in placement (*Data Source: FFY20 AFCARS Face to Face RPT 10-23-2020*).

ACF Face to Face Contacts FFY20									
#1 (page 4 Program Instruction)					1ST BULLET CALCULATION (page 3 Program Instruction)				
1844 aggregate number of children in the data reporting population					93.98% percentage of visits made on a monthly basis by caseworkers to children in foster care				
					(A8/A12)				
#2 (page 4 Program Instruction)					2ND BULLET CALCULATION (page 3 Program Instruction)				
13744 total number of visits made during the FFY to children in report population					96.46% percentage of visits that occurred in the residence of the child (A17/A8)				
#3 (page 4 Program Instruction)									
14624 number of complete calendar months children in report population spent in care									
#4 (page 4 Program Instruction)					FFY20				
13257 number of monthly visits that occurred in residence					10/1/2019 TO 9/30/2020				
DCYF #S			CPS #S			JJS #S			
14624 # OF COMPLETE CALENDAR MONTHS CHILDREN IN REPORT POPULATION SPENT IN CARE			12785 # OF COMPLETE CALENDAR MONTHS CHILDREN IN REPORT POPULATION SPENT IN CARE			1839 # OF COMPLETE CALENDAR MONTHS CHILDREN IN REPORT POPULATION SPENT IN CARE			
13744 # OF VISITS MADE DURING THE FFY TO CHILDREN IN REPORT POPULATION			12007 # OF VISITS MADE DURING THE FFY TO CHILDREN IN REPORT POPULATION			1737 # OF VISITS MADE DURING THE FFY TO CHILDREN IN REPORT POPULATION			
93.98% # OF VISITS MADE DURING THE FFY TO CHILDREN IN REPORT POPULATION			93.91% % OF CHILDREN VISITED AT LEAST ONCE IN EVERY FULL MONTH IN PLCMNT			94.45% % OF CHILDREN VISITED AT LEAST ONCE IN EVERY FULL MONTH IN PLCMNT			
Data Source: FFY20 AFCARS Face to Face RPT 10-23-2020									

## Standards for Caseworker Visits

“Standards for Caseworker Visits remain as described in the 2020-2024 CFSP”

## Additional Services Information

### Child Welfare Waiver Demonstration Activities

New Hampshire is not responsible for any child welfare waiver demonstration activities.

### Adoption and Legal Guardianship Incentive Payments (section 473A of the Act)

### SERVICES FOR CHILDREN AND FAMILIES

For the period of 10/1/2019-9/30/2023 the Division for Children, Youth and Families received \$1,098,500 in Adoption Incentive Funds and in the past these funds were used to support and provide services to adoptive families, such as respite, home bases supports, and travel reimbursement in order for an adoption to occur in NH for children that were placed out of state.

Funds have also been used to provide trauma-informed training for staff and providers who work with children who have experienced trauma. In the fall of 2019 we used adoption incentive funds to provide our statewide Permanency Staff with 3-5-7 training through Darla Henry. In 2020, we were able to use adoption incentive funds to have monthly coaching sessions from Darla, which supported ongoing 3-5-7 consultation.

### *PLAN FOR EXPENDITURE OF THE FUNDS*

The Division will continue to utilize these funds to support our adoptive families with the services mentioned above and we are currently working with our finance department to create a budget on others ways to utilize the amount awarded in 2019 as this was exceedingly more than in the past years. We also look into continued training for staff which will assist them in supporting our adoptive families as we move forward.

### Adoption Savings (section 473(a)(8) of the Act)

### *SERVICES FOR CHILDREN AND FAMILIES*

A percentage of the adoption savings money is currently being utilized to fund part of a Child Protection Service Worker (CPSW) position of which is located in the Post Adoption Unit. This position provides direct post adoption services to the families of which adopted through DCYF care.

### *PLAN FOR EXPENDITURE OF THE FUNDS*

DCYF will utilize this money to continue to fund this position in efforts to provide constant support to the families who have adopted through the DCYF system. We have been working on expanding an existing contract of which supports our Statewide Adoption Website for our legally free waiting children. This expansion of this contract will allow us to hire a second position of which will be able to work towards creating and hosting matching events for our waiting children in NH.

## SECTION 6: CONSULTATION AND COORDINATION BETWEEN STATES AND TRIBES

The Division for Children, Youth and Families has continued its commitment to ensure that provisions of the Indian Child Welfare Act (ICWA) are meaningfully followed. According to the 2010 United States Census, the total New Hampshire population was 1,316,470 with 0.2 percent of the population reported as American Indian/Alaskan Native. U.S. Census Quick facts<sup>[1]</sup> from 2019 estimates that the percent has increased to 0.3 percent.

Population estimates, July 1, 2019, (V2019)	1,359,711
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### Race and Hispanic Origin

White alone, percent	93.2%
Black or African American alone, percent (a)	1.7%
American Indian and Alaska Native alone, percent (a)	0.3%
Asian alone, percent (a)	3.0%
Native Hawaiian and Other Pacific Islander alone, percent (a)	Z
Two or More Races, percent	1.8%
Hispanic or Latino, percent (b)	3.9%
White alone, not Hispanic or Latino, percent	90.0%

(a)Includes persons reporting only one race

(b)Hispanics may be of any race, so also are included in applicable race categories

(Data Source: <https://www.census.gov/quickfacts/fact/table/nh/PST045218#qf-headnote-a>)

There are 573 federally recognized tribes throughout the United States but no tribe has been formally recognized in New Hampshire. NH DCYF endeavors to work with and in consideration of the indigenous people of New Hampshire that includes Abenaki and Penacook tribes. Over 4,000 American Indian/Alaskan Native residents of the State reported tribal affiliations with federally recognized tribes in other states or with tribes recognized in Canada. Many of the neighboring states in New England do have recognized tribes.

### Current Status and Data Considerations

There has been one change to the current status in the past year:

DCYF Policy 1510 Indian Child Welfare Act (ICWA), and the supporting Standard Operating Procedures set forth case planning policy and procedures to ensure compliance with ICWA has

<sup>[1]</sup> <https://www.census.gov/quickfacts/fact/table/US/PST045218>

been revised and has final approval. The policy and supporting Standard Operating Procedures (SOPs) outline the expectations for field staff to determine Native American heritage and when a child is, or may be, a member of a federally recognized tribe. The new Child/Youth Information Sheet is used to assist in guiding and documenting the search for relatives who might act as resources to a child and family includes asking if the child has any Native American heritage. This updated form has eliminated the need for the Family Inquiry Tool.

The ability to check up-to-date data on children in placement through *Results Oriented Management* (ROM) has continued to be an invaluable tool in keeping current on the numbers of children in care who are of American Indian heritage. At the present time, there are four children in care who are reported as American Indian/Alaskan Native (AIAN) Tribal members. All are involved with child protection and one has a dual case with juvenile justice. Two children (ages 13 and 15, are in congregate care, one, age 12, is with a non-relative foster home and one, age 13, is in relative care. One child is legally free with a plan of adoption while the other three are working towards reunification (*Data Source: ROM Placement Count, extracted 4/13/2021*).

### Five-Year Vision and Goals

The Bureau of Indian Affairs (BIA) issued new practice guidelines in 2015 to assist states and tribes in a more accurate interpretation of the Act. The Division has used the guidelines to enhance the current policies by including a tracking procedure to ensure that appropriate steps are taken to ensure compliance with ICWA provisions. Standardized form inquiry and notification letters have been developed to ensure that communication with Tribes and/or the Bureau of Indian Affairs follows all ICWA Protocols while protecting the confidentiality of the family's involvement with the Child Welfare System.

Refresher training regarding cultural competence when working with individuals with Native American backgrounds is made available to staff at district offices on an as needed basis. However, none was requested in the past year.

The Division will continue its efforts to partner as needed with the New Hampshire Commission on Native American Affairs. The Foster Care Manager has requested an opportunity to present to updated policy to the Commission..

The Foster Care Manager continues to participate in monthly conference calls, when possible, with the State ICWA Managers. Through this participation, the Division can connect with other managers about ICWA topics such as programs for monitoring compliance, training models that other states have developed, accepted forms of documentation, and specific case-related issues.



New Hampshire will continue to be diligent in its efforts to identify and verify the ethnicity of all children receiving Division for Children, Youth and Families' services and to follow the mandates of ICWA.

## SECTION 7: AGENCY ADMINISTERING THE JOHN H. CHAFEE FOSTER CARE PROGRAM FOR SUCCESSFUL TRANSITION TO ADULTHOOD (THE CHAFEE PROGRAM)

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The Adolescent Program is overseen and administered by the New Hampshire Division for Children, Youth and Families' (DCYF) Adolescent Program Administrator. The Division is committed to best practice in meeting the needs of youth and will cooperate fully in all national evaluations of the effects of the programs in achieving the purposes of the Chafee Program. The Division for Children, Youth and Families is a state administered agency and access to Chafee Program and Education and Training Voucher funds is universally available across the State of New Hampshire. Adolescent Workers and Permanency Juvenile Probation and Parole Officers with specialized training in adult living preparation, positive youth development, and teen services are located in each district office. They provide case management for youth in out-of-home placement, consultation to other staff working with this population, and oversee the dissemination of Chafee Program and Education and Training Voucher (ETV) funds and services to eligible youth. In addition, DCYF offers services to young adults as they leave out-of-home placement, including assistance with post-secondary expenses, housing and housing related expenses, and other self-sufficiency needs.

### Program Design and Delivery

#### Meeting the Seven Chafee Program Purposes:

Current and former youth in Division for Children, Youth and Families out-of-home care from the ages of fourteen through twenty three (twenty six if still in a college/vocational program) are served through the DCYF's Adolescent Program. The Adolescent Program ensures that current and former youth in care obtain the preparation, resources, and positive youth development they need to establish connections with caring adults and become healthy, self-sufficient, and successful adults.

**HOPE Extended Foster Care Program\*** Youth and young adults that age out of DCYF care at the age of 18 can remain in DCYF foster care until turning age 21 if they meet the following criteria: The young adult is:

- A. Completing secondary education or a program leading to an equivalent credential (GED/HiSet);
- B. Enrolled in an institution that provides post-secondary or vocational education for a minimum of six (6) hours per semester;
- C. Participating in a program or activity designed to promote, or remove barriers to employment for a minimum of 15 hours per week;
- D. Employed for at least 80 hours per month; or
- E. Incapable of doing any of the activities in this section due to a medical condition including mental health diagnoses.

**Aftercare Services** Serves eligible former youth in care who aged out of care at 18 years of age along with youth who left foster care for adoption or guardianship at the age of sixteen. Aftercare Services includes the dissemination of Chafee and Education and Training Voucher funds to eligible youth. This includes Chafee funds for youth until the age of 23 and Education and Training Voucher funds for youth until the age of 26. **Pandemic changes:** DCYF expanded eligibility for Aftercare Services to include youth that exited foster care between 17.5 and 18 years of age on or after March 13, 2020 which was when the still ongoing State of New Hampshire emergency began. With the passage of the Consolidated Appropriations Act of 2021, DCYF further expanded eligibility for Chafee and ETV funds which is described in detail in the Consolidated Appropriations Act section later in this report.

**Foster Youth Independence Tenant Protection Vouchers (FYI TPV)** Provides housing choice vouchers for up to three years for youth that were in foster care on or after their sixteenth birthday and are less than twenty-five years of age.

**Case Connections** Part time pilot positions focused on connecting older youth in DCYF placement (14 and older) with at least one caring adult so they may receive additional support while in care and hopefully into the future. Referred youth are asked if they want to re-connect with someone they had a previous relationship with like a relative, teacher, coach, boss etc. or if they would like to be matched with a volunteer mentor from the community based on shared interests. Currently available in both the Manchester and Southern District Offices with the goal being to make it available statewide based on available resources.

**Youth Villages Lifeset** DCYF applied for and was awarded a partial grant from Youth Villages to assist us in offering this service to interested youth and young adults between 17.5-23 years of age. The program became available on July 1, 2020. Lifeset is a proven model specifically designed to work with youth aging out of foster care and assisting them with the transition to adulthood. The service is available to youth approaching 18 whether in placement or at home, those in extended foster care and those receiving Aftercare Services. It provides youth and young

adults with opportunities for hands on learning in the community that DCYF and/or residential staff are not typically able to provide on a consistent basis.

## Update on Adolescent Program Goals and Objectives 2020-2024

### Goal A.

TO ENSURE THAT ALL YOUTH IN CARE HAVE OPPORTUNITIES TO PARTICIPATE IN NORMAL AND AGE APPROPRIATE ACTIVITIES CONSISTENT WITH THEIR AGE AND DEVELOPMENTAL ABILITY AND TO ALSO HAVE A VOICE IN THEIR CARE AND TREATMENT.

**OBJECTIVE 1** Increase youth voice and input into the care and treatment of youth in residential care by ensuring that each facility has an established process through which changes can be proposed.

**Partially Completed.** This is in process as several DCYF Youth Advisory Board members have reported that the residential facilities they are residing in have a mechanism in place through which individual or groups of youth can advocate for program changes. This conversation is ongoing.

**OBJECTIVE 2:** Continue to support the annual youth dance conducted by residential treatment providers and explore the creation of additional social events for youth in care.

**Postponed.** The pandemic has curtailed this activity as the dance was cancelled for 2020 and has not been scheduled for this year.

**OBJECTIVE 3:** Partner with the Youth Voices Advisory Board and placement providers to determine ways that technology can be used to support visitation and contact with parents, family and other connections.

**Ongoing.** The pandemic continues to drive the use of technology to support parent and family and other outside contacts for youth in placement. The Youth Voices advisory board will examine this further at the June 16, 2021 meeting and determine what parts of that effort shall continue going forward when we gradually transition back to more in person contacts.

**OBJECTIVE 4:** Create ways for more youth in care to complete driver's education and obtain their license while in care including exploring the use of a state care to complete required driving hours and take driver's test.

**Ongoing.** The Lifeset program has been another resource in this area but outside driving hours continue to be a challenge to some youth that do not have family or other connections. DCYF will be using a portion of the additional COVID funds through the Consolidated Appropriations Act to

pay for Driver's Education for current youth in care along with a portion of the outside driving hours if they need to be contracted for.

### Goal B

ENSURE THAT ALL YOUTH IN CARE LEARN, PRACTICE, AND REFINE THE SKILLS NEEDED FOR ADULTHOOD

**Objective 1:** In collaboration with the Youth Voices Advisory Board, review the current adult living preparation process and related policies and update as needed.

**Ongoing.** Formatting changes have been made to the documents involved in this process. This process has been put on hold at this time.

**Objective 2:** Increase the utilization of NH TRAILS as an experientially based curriculum in which youth in foster care learn by doing.

**Ongoing.** The Youth Villages Lifeset program currently uses the Preparing and Assisting Young Adults (PAYA) model to teach independent living skills. This administrator shared the NH TRAILS curriculum with Youth Villages and will be having a discussion about how it may be incorporated into their work with youth and young adults to result in a learn by doing process.

**Objective 3:** Work with the DCYF training contractor to establish an online class for the NH TRAILS adult living skills curriculum.

**Partially Completed.** An online NH TRAILS class has been developed and evaluated by this administrator and several former youth in care. Several suggested changes were in the process of being made when the Pandemic ensued and shifted the priorities of DCYF and the training contractor. The focus will shift back to getting the class completed as things start to open up.

### Goal C.

ENSURE THAT ALL YOUTH IN CARE RECEIVE THE EDUCATION, TRAINING, AND SERVICES NECESSARY TO OBTAIN EMPLOYMENT AND ESTABLISH A CAREER PATH

**OBJECTIVE 1:** Increase utilization of NH Employment Security and related resources by DCYF staff that are assisting youth with obtaining employment.

**Ongoing.** NH Employment Security has a new program for individuals that are on traditional NH Medicaid called WorkNow NH. The program provides support and assistance to qualified individuals in order to become job ready and pursue employment. Youth aging out of care are eligible for this program as they are all on Medicaid through age 26. WorkNow presented their

program to DCYF Adolescent Program staff on 10/26/21. Adolescent Program staff brought the information back to their colleagues who then educated eligible youth and young adults about this program. This resulted in DCYF youth and young adults being referred to and participating in WorkNow.

**OBJECTIVE 2:** Create an expectation among DCYF involved families, staff and providers that starting at sixteen years of age youth in foster care will obtain a job, do volunteer work or an internship or participate on a sports or other school or community activity.

This objective was not focused on during the past year but will be worked on in the future.

**OBJECTIVE 3:** Require that youth in foster and relative care have a career assessment as part of the Adult Living Preparation process by adding it to the NH TRAILS curriculum.

**Partially Completed.** A link for CHOICES.360 has been submitted to the DCYF training contract for inclusion into NH TRAILS.

**OBJECTIVE 4:** Increase youth employment opportunities by collaborating with the NH Employment Program and the NH Youth Apprenticeship Program.

This administrator attended a presentation on youth apprenticeships in May 2020 and shared the results with Adolescent Program staff. In addition, the NH youth apprenticeship coordinator's name and contact information has been shared with staff and other stakeholders so that interested youth can connect with apprenticeship opportunities. The coordinator and her team will be attending the Adolescent Program meeting on 10/25/21 to further discuss youth apprenticeship opportunities.

DCYF is currently in the planning stages of helping to coordinate a mentoring program based on shared vocational interests. The program, which is being created by a provider agency, will include internship and apprenticeship opportunities for current and former youth in care. It is expected to start serving clients this fall.

#### Goal D.

YOUTH IN CARE WILL UNDERSTAND THEIR RIGHTS AND BE AWARE OF THE ASSISTANCE AVAILABLE TO THEM THROUGH THE DIVISION FOR CHILDREN, YOUTH AND FAMILIES ADOLESCENT PROGRAM

**OBJECTIVE 1:** Revise the New Hampshire Youth in Care Bill of Rights to add contact information for the Office of Child Advocate, highlight rights that are state law and explain the grievance process.

This objective was not focused on during the past year but will be worked on in the future.

**OBJECTIVE 2:** Collaborate with the Youth Voices Advisory Board to create a way to provide information to youth entering foster care about the Division and the resources and opportunities available to them through the Adolescent Program.

**Partially Completed:** A one page summary of available Adolescent Program resources and opportunities was created. It includes age and other eligibility requirements along with an overview of each service. This summary was shared with the Adolescent Program staff as a tool that could explain to both staff and youth what is available. This will be shared with the Youth Advisory Board for their input.

#### Goal E.

IN ANTICIPATION OF THE PASSAGE OF EXTENDED FOSTER CARE ENSURE THAT A SYSTEM IS PUT IN PLACE TO OPERATIONALIZE THIS PROCESS AND INFORM ALL STAKEHOLDERS ABOUT THIS NEW OPPORTUNITY.

**OBJECTIVE 1:** Create a placement agreement that includes what is expected of the youth and DCYF during extended foster care.

**Completed.** A voluntary placement agreement VPA was finalized in April 2020.

**OBJECTIVE 2:** Establish a pool of foster parents willing to care for older teens in a Host Home model.

**In Process:** Information about our HOPE program for extended care and the need for Host Homes is now highlighted in informational sessions for those that interested in fostering. There are currently two pilots underway in two DCYF district offices. The resource and adolescent workers in each office are working in partnership to connect with existing foster homes and let them know about opportunities to support the Host Home model. DCYF has also reached out to our Community and Faith Based Initiative (CFBI) partner and asked them to spread the word among their contacts for the need for HOST homes.

**OBJECTIVE 3:** Work with agency providers to create supports and services for additional supervised independent living arrangements for youth in extended foster care.

**Completed.** The Supervised Independent Living (SIL) program standard operating procedures have been completed along with three forms that support the SIL application and assessment process. As of this writing there were fifteen young adults residing in or transitioning to a SIL placement which we now refer to as an SIL Housing Plan. DCYF completed an RFP for interested

residential facilities to respond to and propose the type of programming they can provide for the 18-21 year old population including a focus on normalcy, employment/education and preparation for self sufficiency and adulthood. Seven proposals were reviewed and scored and the final decision on who will be selected is pending. It is expected that by the fall of this year 20 young adults will be able to be served by these programs.

Goal F.

PROVIDE PERSONAL AND EMOTIONAL SUPPORT TO YOUTH AGING OUT OF FOSTER CARE THROUGH MENTORS AND THE PROMOTION OF INTERACTIONS WITH DEDICATED ADULTS

**OBJECTIVE 1:** Connect youth in the Manchester District Office to past connections and/or mentors through the newly created mentor and case connections position.

**Completed.** This aforementioned program started in July of 2019 and expanded to the Southern District Office in July of 2020. In the past SFY, four mentor type connections have been made for youth in Manchester and four for youth in Southern.

**OBJECTIVE 2:** Require completion of the Foster Club Permanency Pact for all youth with a plan of APPLA within thirty days of turning sixteen years of age.

The focus this past year in regards to APPLA has been on completing Objective 3. This objective will be discussed and explored further in the year ahead.

**OBJECTIVE 3:** Collaborate with the Court Improvement Program to improve adherence to the APPLA protocols by evaluating outcomes of APPLA youth, increasing training for DCYF staff and other stakeholders and developing recruitment materials for primary caring adults (PCA's).

We wish to change this objective to read as follows: "To align our APPLA goals and objectives with those of the NH Court Improvement Program with an emphasis on all youth with a plan of APPLA obtaining a Court approved Primary Caring Adult prior to case closure".

**Ongoing.** DCYF has taken several steps this past year to increase the number of court approved primary caring adults (PCA's) for APPLA youth. This included the creation of an informational brochure on the PCA role and a video <https://vimeo.com/496102228/c43b6439f1> featuring some of our former youth in care talking about the importance of having a PCA. In addition a form that captures the various steps to obtaining a court approved PCA was created and will now be used as part of our Permanency Planning Team (PPT) process. PPT meetings are now occurring every three months when a court approved PCA has yet to be obtained.



Goal G.

THE EXPERIENCE, SKILLS, AND ABILITIES OF FORMER YOUTH WILL BE UTILIZED TO POSITIVELY IMPACT BOTH CURRENT YOUTH IN CARE AND DIVISION FOR CHILDREN, YOUTH AND FAMILIES PRACTICE WITH ADOLESCENTS

**OBJECTIVE 1:** Continue to partner with Granite State College (GSC) in the managing and recruitment of youth in the Youth Action Pool and provide members with the knowledge, skills and abilities to conduct presentations for staff and stakeholders focused on improving adolescent practice.

**Ongoing.** A GSC staff member is now the manager of the Youth Action Pool which consists of 15 current and former youth in care that all have received training on Strategic Sharing. During this past year Youth Action Pool members have participated in presentations on an as needed basis.

**OBJECTIVE 2:** Hire a provider agency to facilitate the statewide New Hampshire Youth Voices Advisory Board and to assist in the co-facilitation of the regional boards.

**Modified.** DCYF has determined that rather than contract out with a provider agency to lead the board, a position will be created that will take on that responsibility. As of this writing hiring for that position is currently underway.

Goal H.

PROVIDE FINANCIAL, HOUSING, COUNSELING, EMPLOYMENT, EDUCATION AND OTHER APPROPRIATE SUPPORT AND SERVICES TO FORMER FOSTER CARE RECIPIENTS BETWEEN EIGHTEEN AND TWENTY-ONE YEARS OF AGE TO COMPLEMENT THEIR OWN EFFORTS TO ACHIEVE SELF-SUFFICIENCY AND TO ASSURE THAT PROGRAM PARTICIPANTS RECOGNIZE AND ACCEPT THEIR PERSONAL RESPONSIBILITY FOR PREPARING FOR AND MAKING THE TRANSITION INTO ADULTHOOD.

**OBJECTIVE 1:** Continue to ensure that all eligible youth are informed about DCYF Aftercare Services prior to exiting care.

**Ongoing.** See [Education and Training Voucher](#) section later in this report.

**OBJECTIVE 2:** Continue to utilize the (FUP) Family Unification Program vouchers to assist youth between eighteen and twenty-five years of age to obtain safe and suitable housing.

**Ongoing.** Of the 64 FUP vouchers that were received and utilized nine were young adults. DCYF continues to meet regularly with representative from NH Housing and the Bureau of Housing Supports to monitor this program and ensure it's ongoing success. With the introduction of the FYI Vouchers for youth DCYF has attempted to preserve the FUP vouchers for families and utilize

FYI for our homeless or soon to be homeless youth. DCYF has partnered with NH Housing and four local housing agencies to provide Foster Youth Independence Tenant Protection Vouchers (FYI) vouchers to eligible young adults. A summary of the results of that partnership is provided in the FYI Voucher Program section later in this report.

**OBJECTIVE 3:** Continue to partner with federal and state housing and runaway and homeless youth providers in applying for state and federal grants and managing those that are awarded.

**Ongoing.** DCYF remains closely connected to Waypoint, our runaway and homeless youth (RHY) provider and will continue to apply for grants as opportunities arise. We are in the process of contracting with Waypoint to assist us in the disbursement of COVID funds which will be summarized in a later section of this report.

#### Goal I.

#### INCREASE THE AMOUNT OF FORMER YOUTH IN CARE THAT PARTICIPATE AND COMPLETE POST-SECONDARY EDUCATION PROGRAMS

**OBJECTIVE 1:** Continue to ensure that all eligible youth are informed about the Education and Training Vouchers (ETV) that are available through Aftercare Services as well as the Tuition Waiver for Foster and Adopted Children Program prior to exiting care.

**Ongoing.** See Education and Training Voucher section later in this report.

**OBJECTIVE 2:** Continue to work in partnership with the New Hampshire Higher Education Assistance Foundation (NHHEAF) to provide ongoing training and support for youth, staff and caregivers regarding the college selection, admissions and financial aid process.

**Ongoing.** See section on collaboration with private and other public agencies later in this report.

**OBJECTIVE 4:** Continue to work with the University System of New Hampshire and the Community College System of New Hampshire to obtain data on levels of educational achievement for youth who received the tuition waiver.

**Ongoing.** Both college systems report to DCYF annually on the educational outcomes of waiver recipients. Through November of 2020 sixty-three percent of waiver recipients attending University System of New Hampshire (USNH) schools have either graduated or continued to work towards graduation. Thirty five percent of waiver recipients attending Community Colleges (CCSNH) have either graduated or continued to work towards graduation. It is worth noting that at least one youth that did not graduate from a CCSNH school ended up graduating from either a USNH school or a private college.

**OBJECTIVE 5:** Collaborate with the University System of New Hampshire and the Community College System of New Hampshire to ensure that all DCYF youth entering college are aware of and have the opportunity to connect with all available support services on campus.

**Ongoing.** See [Education and Training Voucher](#) section later in this report.

#### Goal J

THE DIVISION FOR CHILDREN, YOUTH AND FAMILIES ADOLESCENT PROGRAM WILL INCREASE THE USE OF DATA TO IMPROVE ADOLESCENT PRACTICE

**OBJECTIVE 1:** To utilize National Youth in Transition Database data from both the served and surveyed populations to ensure equality of access to independent living skills across the State and best practice in the areas of education, employment, housing and well-being.

See section on [NYTD](#) later in this report.

**OBJECTIVE 2:** To gather and analyze data from the current APPLA Worker position related to permanency, connections to caring adults, adult living preparation and post-care housing options to measure their impact and explore the creation of additional APPLA worker positions.

The excellent outcomes from the APPLA position resulted in DCYF requesting four additional transition worker positions be added to the upcoming state budget. Unfortunately those positions were cut from the budget which was another negative impact of the pandemic. There are ongoing discussions about creating more of these positions by repurposing vacant positions and/or having existing staff take on an adolescent oriented caseload.

### **Chafee-funded services in support the goals identified in the state's CFSR PIP**

A significant focus of DCYF's Program Improvement Plan (PIP) is the improvement of concurrent planning. A key part of those efforts has been to ensure that youth voice is considered in the permanency planning process when developmentally appropriate. Prior to the pandemic, Chafee funds had been used regularly to support ongoing Strategic Sharing trainings on a regular basis to ensure that youth feel empowered to use their voice during the permanency and case planning process. In the upcoming youth summit on 8/12/21 there will be a one hour training on Strategic Sharing by FosterClub in conjunction with our own youth leaders. The goal is to use that opportunity to restart our Strategic Sharing training program.

Another area of focus is to fully identify and explore relative connections. The basis being to expand possible options for concurrent planning but also to identify individuals that can support both parents in their care of children and youth during and after the reunification process.

As mentioned earlier in this report chaffee funds continue to be used to support two Case Connections positions that are focused on connecting older youth in DCYF placement (14 and older) with at least one caring adult so they may receive additional support while in care and hopefully into the future. This could be someone they had a previous relationship with like a relative, teacher, coach, boss etc. or if they would like to be matched with a volunteer mentor from the community based on shared interests. This program is underway in the Manchester and Southern District Offices with the goal being to make it available statewide based on available resources.

Chafee funds were used to create the aforementioned PCA brochure and also used to pay the young adults that participated in the PCA video.

### Youth Involvement in the Chafee Plan

A significant part of the Chaffee Plan, has been the launching of our HOPE program for extended foster care and the Supervised Independent Living (SIL) placement option. The HOPE program steering committee launched in January and with three young members who are also HOPE program participants.

The development of the SIL policy was reliant on a significant amount of youth involvement. We had a youth member of our SIL committee that did a fantastic job of bringing youth voice to the table each and every meeting. This even involved her connecting us to a youth from Connecticut that was in their extended foster care program and was able to share how their program worked from a youth perspective. The SIL policy and standard operating procedures are being filed tested to get additional youth and staff input and bring suggested changes to the attention of our steering committee.

On April 21<sup>st</sup> more than 40 youth and young adults attended the Youth Voices Advisory Board meeting to provide their input on how we should expend our COVID funds. This included youth currently and formerly in care. A follow up meeting was held a week later in which several other former youth in care gave some additional input. The suggestions they made are contained in the Consolidated Appropriations Act section included later in this report.

## National Youth in Transition Database (NYTD)

National Youth in Transition survey data has historically been shared with DCYF Administrators, Supervisors, the DCYF Youth Voices Advisory Board and other stakeholders. Other external stakeholders have included the Court Improvement Project and residential facility staff. DCYF has had an ongoing partnership with the University of New Hampshire (UNH) Social Work Department that has analyzed completed cohorts of 17,19 and 21 year olds. The intention was to meet with UNH and finalize our previous Memorandum of Agreement and plan for future data sharing. That plan was delayed due to other priorities but is now going forward. As of this writing the MOU is being updated. UNH will once again be analyzing outcomes of the baseline and follow up populations. In addition they will be examining the served population. An analysis will be done in regards to who is getting what independent living services and if there are differences in geography, gender, child protection, juvenile justice and in outcomes.

DCYF continues to run monthly queries recording youth that receive a NYTD service. The current format of that report is to group served youth by county and not by district office. It is also not divided up by caseworker which makes it less than useful to field staff and supervisors. This administrator will again be discussing with our SACWIS staff the need to make the report more user friendly. Once that is completed the plan will be to send out the report regularly and review it during Adolescent Program meetings on a quarterly basis.

Efforts to improve National Youth in Transition data collection continue to be ongoing. The Adolescent Program Administrator has provided refresher trainings and updates to DCYF Supervisors in advance of each survey period for the follow-up populations. The Adolescent Workers and Permanency JPPO's have provided similar presentations to staff in their district offices.

DCYF has consistently met the required 60 percent NYTD survey completion requirement and this information continues to be utilized to improve DCYF practice and bolster grant proposals. For the baseline and follow up population data, DCYF's focus will be further analysis of the data obtained from the added survey questions.

NYTD data has helped to improve service delivery in a variety of ways. Chief among these is the education of new staff on the negative outcomes associated with youth that age out of care. NYTD data has been referenced in new worker trainings to emphasize the need for solid permanency planning to reduce the aging out population. In addition, the need for those that do age out to have well thought out and coordinated APPLA plans with lifelong support from by a primary caring adult (PCA) is emphasized. This has helped staff get an early and clear focus on the importance of supporting youth in this manner.

DCYF utilized homeless data obtained through National Youth in Transition as the basis of successful attempt to obtain vouchers from the Department of Housing and Urban Development (HUD) for Family Unification Program (FUP) vouchers for DCYF involved homeless youth and families. NYTD data was also used as the basis for DCYF to pursue Foster Youth Independence (FYI) vouchers. Our NYTD outcomes fueled the development of our Supervised Independent Living (SIL) option in our HOPE program for extended foster care as a major tool against homelessness. NYTD data will be shared as part of HUD's 2021 Youth Homeless Demonstration Program grant application that DCYF will be a main contributor to.

## **Coordinating Services with other federal and state programs for youth**

DCYF has continued to collaborate with Waypoint, the States Runaway and Homeless Youth (RHY) provider. This has included connecting their referred clients with FYI vouchers.

DCYF has continued to make referrals to Waypoint's Transitional Living Program and to the Nashua Children's Home Transitional Living Program as well. DCYF is participating in the planning of the first ever youth focused homeless count that Waypoint is spearheading and that is scheduled for this October. Homeless youth in both urban and rural areas of NH will be surveyed in that effort and the results will provide further data on scope of this problem across the state.

DCYF is a member of the Governor's Council on Housing Stability that was commissioned by the governor to develop systematic and individual approaches to tackle the homeless issue statewide.

DCYF continues to be a very active member of all three Continuum of Care groups along with participating in the related Homeless Youth Subcommittees. The Adolescent Program Administrator is informed by Waypoint about high needs former youth in care. This communication has allowed for DCYF to ensure that those individuals are connected with all available services.

DCYF has partnered with the Court Improvement Program (CIP) to develop the aforementioned PCA brochure and video. This collaboration has led to the inclusion of the requirements of the Preventing Sex Trafficking and Strengthening Families Act of 2014 in the APPLA Court report template. While requirements for aging out youth to have a certified birth certificate, Social Security card, Driver's License or Non-Driver ID, Health Insurance information and Medical records at discharge have long been a DCYF policy, workers will now be reporting to the Court on this at each APPLA hearing.

## Collaboration with Other Private and Public Agencies

The Adolescent Program meets quarterly with the Independent Living Contacts from the residential treatment facilities. Topics from this past year have included working together to maximize youth engagement at the annual DCYF Youth Summit, ensuring youth have the identification documents needed to meet the requirements in the Preventing Sex Trafficking and Strengthening Families Act of 2014 upon discharge from care, working with youth in the HOPE extended foster care program, and recruiting youth participants in a Choose Love skills building workshop designed for youth.

DCYF has continued to partner with the Safe Families Program to provide housing to youth whose needs fall outside of the Division's typical service array as well as finding new connections for youth in care. In the fall of 2020 Safe Families coordinated with several churches to create and donate 30 care packages to be given to youth in college.

DCYF continues to be a member of the Interagency Directors Group (IDG) as part of Workforce Innovation Opportunity Act (WIOA) and focused on youth primarily in the ages of fourteen to twenty-four. Participants include members from the following state organizations; WIOA Youth, Adult Education, Career and Technical Education, Vocational Rehabilitation, NH Community College System, NH Employment Security and WIOA Adult. The focus of this team that meets monthly is on issues related to workforce development and barriers to successful completion of high school, entering college and the workforce.

DCYF continue to have an ongoing partnership with the New Hampshire Higher Education Assistance Foundation (NHHEAF) in order to support youth going onto college or to a career training school. New Hampshire Higher Education Assistance Foundation is a statewide agency devoted to helping parents and their aspiring college students navigate the college selection, admissions, and financial aid process. This has included the following on a as needed basis:

**Individual Meetings:** Current and former youth in care are connected with a NHHEAF college counselor to get individualized attention regarding their college plans.

**Training of DCYF staff on navigating the Financial Aid process** (As needed)

**Youtube Video:** Helpful information about the college selection and financial aid process for youth and caregivers.

**Division for Children, Youth and Families' Youth Summit:** Each year NHHEAF provides at least one workshop at the annual summit that is focused on the college selection, admissions and financial aid process.



## **Foster Youth Independence (FYI) Voucher Program**

DCYF and the NH DHHS Bureau of Housing began meeting with local housing agencies shortly after receiving the announcement of the availability of FYI vouchers. Since that time the Concord, Keene, Manchester, Rochester have all come on board and entered into MOU's with DCYF to provide FYI Vouchers. Most recently New Hampshire Housing entered into a similar MOU. The Department of Health and Human Services Bureau of Housing Supports has reached out to all the local housing agencies to make them aware of the FYI voucher program.

DCYF meets quarterly with NH Housing to review the status of both their FUP and FYI voucher programs. DCYF meets monthly with the Concord, Keene, Manchester and Rochester housing agencies to review their FYI voucher programs.

As of this writing, approximately 42 youth have applied for a voucher, 10 have obtained housing and approximately 10 have a voucher and are searching for an apartment. Finding available housing during the pandemic has been challenging and the general lack of affordable housing options in NH has not helped matters.

In an effort to address this issue DCYF and Keene Housing have created a flyer that has been sent out to all the landlords that they interact with. It contains a description of the FYI program, the support provided to the youth by DCYF and the housing agency and a testimonial from a landlord that has participated in the FYI program. The other housing agencies are looking into creating something similar.

## **Determining Eligibility for Benefits and Services Used**

Everyone who is eligible is provided services based on their individual needs and goals as determined by the Adult Living Preparation Process or by their Self Sufficiency Plan if receiving Aftercare Services. DCYF will continue to provide Chafee services to youth that are temporarily living out of state and to youth that have moved to a state that will not provide them with any Chafee funds or services.

## **Chafee Program Training Update**

Training in support of the goals and objectives of the Chafee Program and to help foster parents, relative guardians, adoptive parents, group home staff, and case managers understand and address issues confronting adolescents preparing for a successful transition to adulthood and making a connection with a caring adult that occurred in FFY 2021:



*Adult Living Preparation* The annual DCYF NH Youth Voices Summit occurred virtually over zoom on August 13<sup>st</sup> 2020 and offered the over 100 youth attendees the opportunity to learn Social and Emotional Learning (SEL) skills through the Choose Love Movement. As stated on their website, “Choose Love is a community-led movement offering free (SEL) skills to help people thoughtfully respond to any situation, circumstance, or interaction. At the core of it all is a simple daily formula to help you learn and practice essential life skills for improving the world around you”.

*Supporting Adolescents in Child Welfare Parts I and II* is for newly hired staff is facilitated by DCYF in partnership with a former youth in care and is provided at least four times a year. The training provides an overview of the youth in care experience and insight into how to engage and work with youth through a positive youth development approach and an overview of Adolescent Program resources

*HOPE and Lifeset Overview* Reviewed and explained both the HOPE and the Lifeset programs as resources for older youth in care. Provided to all DCYF staff members and supervisors between June 2020 and February 2021. It was also provided to residential providers, foster parents, CASA, Youth Voices Advisory Board, NH Community of Practice, DCYF Advisory Board and the Bureau of Developmental services.

*Fostering Identity Development and Resilience in Youth* Presented on 12/16/20 by Dr. Tana Bridge and attended by members of the DCYF Adolescent Program. A critical developmental task for youth is identity development. Lived experiences and losses often create ambiguity and uncertainty leading to grief, loss of self-esteem, and personal challenges. This training will explore this critical stage of life and identify opportunities to foster youth identity and resilience. Focused attention will be on ‘trends’ in identity formation including substance use, social media, etc. Challenges and opportunities for vulnerable youth including those that have experienced trauma, foster and adopted youth, those raised by caregivers struggling with substance use disorder, mental illness, etc. will be explored.

*Human Trafficking* Presented by Erin Laskowski, DCYF’s Human Trafficking Program Specialist on March 22, 2021 for the DCYF Adolescent Program. Overview of human trafficking and resources available through DCYF and other agencies.

*Choose Love Workshop* Presented by Choose Love and a former youth in care who is now a Choose Love ambassador. This once a month virtual workshop started in April of 2021 and will continue until October. Choose Love is a community-led movement offering free Social and Emotional Learning (SEL) to help people thoughtfully respond to any situation, circumstance, or interaction. This workshop provides Social Emotional Learning skill building blocks that help cope with life’s stressors and give positive empowerment tools to New Hampshire Youth.

Granite State College (GSC) Trainings:

Granite State College is contracted to provide training to foster parents, adoptive parents, group homes, and DCYF staff and is supported by training funds provided under the Title IV-E Foster Care Adoption and Assistance program. Granite State College conducts numerous trainings for caregivers and staff working with adolescents. The primary training regarding adult living preparation is the aforementioned New Hampshire TRAILS program. Granite State College provided these trainings as an as needed basis:

*Embracing Normalcy for Children and Youth in Care:* A six-hour class that examines normalcy for youth in out-of-home care. Participants are exposed to innovative ways of thinking and explore ways to think creatively when providing normalcy. Participants will also learn about current technology and how to help kids in their care navigate the cyber world.

*How the Reasonable and Prudent Parenting Standard defines Normalcy:* A three- hour class that presents participants with information regarding the legal logistics of the Reasonable and Prudent Parenting Standard and on how it impacts day-to-day decisions like getting a child's haircut or permission for a school trip. The New Hampshire Foster Parent Bill of Rights and the Youth Bill of Rights are explained while simultaneously reviewing examples of how New Hampshire and other states address normalcy needs and issues of kids in care.

*Youth Safety in the Age of Technology:* A twelve-hour class that provides the knowledge and skills needed to protect children, youth, and adults from online risks when using the Internet. Participants learn how to safely access the web by using common Internet tools such as browsers, email and instant messaging.

*Beyond Acceptance: Helping LGBTQ Youth Thrive:* A nine-hour class that provides an opportunity for learners to explore issues related to caring for youth who identify as Lesbian, Gay, Bisexual, Transgender or Questioning Youth and how to best support their needs.

*Working with Transgender Youth in Residential Care:* **six**-hour training on how to work effectively with youth in congregate care who identify as transgendered.

*Transitions in Adolescent Development:* A six-hour class that explores theories of adolescent development within the domains of emotional, physical, cognitive, social, spiritual and sexual. Influences on development such as issues of attachment, the media, communication skills, and relationships are considered.

*Lifelong Connections:* A three-hour class that explores children's needs for lifelong connections. The importance of contacts and visitations for the child and family and the effects of multiple loyalties on the daily lives of children are examined.

### Education and Training (ETV) Voucher Program

Youth are informed about the ETV program during the Adult Living Preparation process. They are provided with an overview of the program and this topic is revisited at the time of the 90-Day Youth Transition Meeting. A brochure explains the program to youth and other stakeholders as well as information on the Adolescent Program web page.

Interested and eligible youth request ETV funds through an application, which requires them to apply for other scholarships along with a tuition waiver to maximize financial assistance and avoid duplication of benefits. The application is reviewed by the Adolescent Worker in their region. The review process includes an examination of the applicant's award letter and the subtracting of grants scholarships and loans from the institutions "cost of attendance." ETV is then used to fill that gap but not exceed the cost of attendance. The results of this calculation is submitted to the Adolescent Program administrator who determines the amount of ETV that the applicant is eligible to receive during the State Fiscal Year.

The Tuition Waiver for Foster and Adopted Children Program continues to supplement the Education and Training Voucher program. The Tuition Waiver program provides up to thirty annual tuition and fee waivers per year to New Hampshire state schools for youth formerly in out-of-home placement through DCYF. Fifteen waiver slots are awarded to University of System of New Hampshire schools and Fifteen are awarded to New Hampshire Community Colleges including Granite State College. Waiver slots that become open during the year for the Community Colleges are filled with new students whenever possible.

DCYF has continued to explore ways to bolster successful academic achievement among waiver recipients and result in higher graduation rates. This included participating in a meeting with the University System of New Hampshire schools on 3/24/21 and meeting with the Community Colleges on 5/26/21. At each meeting the focus was on how a SPOC (Single Point of Contact) could be utilized by former youth in care and/or homeless youth to guide them through the bureaucracy and connect them with helpful resources. One college already has a person in that role and the goal of this effort is for all of them to eventually have one. The current SPOC has shared their job description with the other institutions.

Another topic of discussion was what does each college do when a youth on their FAFSA indicates they are homeless or at risk of becoming homeless or that they were in foster care on or after 13 years of age. Most colleges appear to have an automated response in the form of a letter or email. While the one that employs the SPOC has that person personally reach out to the youth. DCYF composed a brief survey of each college's system in order to get a baseline of what the current practice is in this area. The information will then be shared at the next meeting.

Going forward the New Hampshire Division for Children, Youth and Families and the University and Community College Systems of New Hampshire will continue their collaborative work to support and maximize the Tuition for Foster and Adopted Children Program. This will include working closely with New Hampshire colleges and universities to continue to find ways to expedite the waiver notification process and to ensure that each tuition waiver applicant completes all of the required application and verification forms.

Other ongoing efforts to strengthen the postsecondary educational assistance program to achieve the purpose of the Education and Training Voucher program:

Continuing to disseminate Aftercare Services brochures, which include Education and Training Voucher information, to youth, staff, and caregivers. This information is available on the Adolescent Program page on the DCYF website and New Hampshire Youth Voices Facebook page along with eligibility and contact information.

Continuing to include information about Education and Training Vouchers in the Foster and Adoptive newsletter known as the Connector that is sent out quarterly to current and former foster and adoptive parents.

### **Consultation with Tribes**

In regards to consultation with Indian Tribes, New Hampshire currently has no federally or state recognized Indian tribes. Benefits through the Education and Training Voucher program are available to Indian children on the same basis as they are available to other children in the State. The identification and verification of all children's ethnicity, including "American Indian/Alaska Native" is established, if possible, during the Division's initial family contacts in the course of the Assessment phase. Youth with tribal connections are able to access the same level of benefits and services as those available to any and all other youth in the State.

### **Consolidated Appropriations Act 2021**

For the past several months DCYF staff have been personally attempting to connect with youth that aged out of care on or after 1/27/20 (When CDC declared a public health emergency) and offering them the opportunity to reenter foster care through our HOPE program. Also during this time we have made sure to offer the HOPE option to any and all youth that would have aged out of care. DCYF has also conducted an awareness campaign by letting our staff, stakeholders and the general public know that youth that aged out of care since the start of FFY 2020 (October 1<sup>st</sup>, 2019) and are less than 22 years of age are aware of the option to return to foster care or participate in other DCYF services.

NH DCYF received \$987,000 through the Consolidated Appropriations Act of 2021. After receiving the funds the DCYF Adolescent Program started gathering input from current and former youth along with staff, other stakeholders and talking to other states.

We opted to provide all of our current youth in care from 14-21 the opportunity to each access up to \$250 in COVID funds. We received some great suggestions from our youth advisory board members and decided that these funds can be spent on various things to boost the emotional well-being of our youth including books, haircuts, clothes, camps, toiletries, manicure, pedicure, hair and makeup, laptops, cell phones (if approved by the program and youth's treatment team), gift boxes, cooking kits, puzzles, art and hobby supplies etc. The youth also have the option of combining these funds with their normal yearly allotment of Chafee funds in order to accomplish their adult living goals such as having their driver's education costs paid for. As of this writing we are in the process of making our youth, staff and stakeholders including our foster parents, residential providers and CASA aware of this option.

As we were already providing Chafee and ETV funds to youth that left care for adoption or legal guardianship at the age of 16 or older we decided to expand that to include youth that left at that age for reunification as well. We opted to expand funding eligibility for former youth in care until the age of 27.

We are personally handling the disbursement of funds to former youth in care (Between 18-23 years of age and up to 26 if in college) that are participating in our Aftercare Services program. This includes youth that left care for adoption or legal guardianship at the age of 16 or older and youth that aged out of care at the age of 18 or older and are less than 23 years of age.

Based on input from our current and former youth in care and given our agency structure and capacity we have decided partner with Waypoint, our (RHY) provider.

Waypoint will be providing funds to youth and young adults not eligible for our Aftercare Services program which includes youth that left for reunification at the age of 16 and older and are less than 27 years of age and youth that aged out of care that are between 23 and 27 years of age. Youth eligible for our Aftercare Services program but not currently participating have the option of working directly with Waypoint if they prefer.

After verifying eligibility with DCYF, Waypoint will conduct an assessment of each youth's situation and refer them to community resources as needed. The youth will then be provided with a code to access the Up Together portal where they will indicate what they would like to spend their portion of COVID Funds on. The list includes the following options: back, current or future rent for individuals 18 or older, car purchase, repair, maintenance or insurance costs, Driver's Education/payment of outside driving hours/other transportation related expenses, food, clothing,

utilities medical expenses, respite care services, personal protective equipment (PPE), laptop, cell phone, respite care services and other supports for pregnant and parenting youth, bedding, furniture, appliances such as microwave and/or oven, accredited College and Vocational programs/loans, HiSet testing or adult diploma costs and other. Youth that wish to receive additional funds to attend an accredited college or vocational program will be referred back to DCYF where they can request and receive ETV funds.

Once they have made their selection the youth will be able to receive funding in the form of a one-time direct wire transfer to their account or a debit like card that they can use until the funds are spent. The amount of funds that each youth will receive is based on their exit status with youth that left for reunification, adoption or guardianship between 16-18 years of age being able to receive the lowest amount at \$500 and youth that aged out and now between the age of 23 and 27 years of age being able to receive the highest at \$2500 to \$3000. These numbers may change based on demand.

As of this writing the proposed contract with Waypoint was to go before our Governor and Council (G&C) for approval. Upon approval, DCYF and Waypoint will partner to conduct a public awareness campaign to make youth all over NH aware of this opportunity. We are very excited to be bringing the first ever direct cash transfer program to NH DCYF and see what the impacts are. We will be exploring the use of post cash receipt surveys to aid us in this assessment.

## SECTION 8: CAPTA STATE PLAN REQUIREMENTS AND UPDATES

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### Child Abuse and Prevention Treatment Act (CAPTA) State Plan

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**State:** New Hampshire  
State CAPTA Coordinator/Liaison

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Since the development and approval of the 2020-2024 Child and Family Services Plan (CFSP), there have been no substantive changes in New Hampshire's statutes that could affect eligibility according to CAPTA requirements.

New Hampshire State Statute RSA 170-E:29 sections I, II and II-a mandate both criminal record checks and central registry checks on all adults involved with children, either in licensed Child Placing Agencies, or as household members in licensed foster or adoptive homes. There have been no changes in these policies that would affect eligibility for CAPTA funds.

In response to the CAPTA Reauthorization Act of 2010, New Hampshire re-assessed the CAPTA State Plan implemented in the 2010-2014 CFSP and developed a new CAPTA State Plan. The current CAPTA Plan adheres to the goals developed as part of the 2020-2024 CFSP, and aligns itself with the development and implementation of the Practice Model, Strategic Priorities and the current mission of the Division. These activities and services supported by this CAPTA Plan also adhere to the coordination of services between CAPTA and Title IV-B grants.

### Activities, Services and Training New Hampshire Intends To Carry Out with CAPTA Funds

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#### Intake/Assessment Activities:

- First Step: Approaches To The Co-Occurrence Of Child Maltreatment And Substance Abuse



- Parent Partner Program

Collaborative Responses to Multiple Family Issues:

- First Step: Approaches To The Co-Occurrence Of Child Maltreatment And Substance Abuse

Improving skills, qualifications, and availability of individuals providing services to children and families:

- Parent Partner Program in collaboration with the Foster Care Program to improve foster and birth family relationships
- Foster Care Program Specialist position and support for Foster Care recruitment and retention

### Program Areas Selected For Improvement

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During the development of the CAPTA State Plan, DCYF facilitated discussions of the fourteen CAPTA Improvement Areas with members of the DCYF Management Team. Discussions also occurred with the Citizen's Review Panel and DCYF Advisory Board.

Through the continued implementation of the Practice Model, Strategic Priorities and other initiatives, DCYF has and will continue to address the following CAPTA Improvement Areas:

- 1. Intake, Assessment, Screening and Investigation of reports of child abuse or neglect.**  
In effort to continuously improve assessment practice from office to office, the following areas will be supported through CAPTA:
  - Continue to support LADC's in some of the District Offices. Update: Expansion of our MLADC Program to serve each DCYF District Office through a statewide contract that began in July 2020.
  - Use CAPTA funds to promote the Parent Partner Program at the local District Office level. Specifically, to help fund the Better Together with Birth Parents Workshops and trainings for the Parent Partner Program. Additionally, CAPTA funds support a Foster Parent Program Specialist who provides support to foster parents for DCYF and serves as an important conduit to foster improved collaboration between birth parents and foster parents.
- 3. Case Management, including ongoing case monitoring, and delivery of services and treatment to children and their families.**
  - Continue to support LADAC's in some of the district offices. Update:
  - Expansion of our MLADC Program to serve each DCYF District Office through a statewide contract that began in July 2020.



- By engaging birth parents within the District Office and the DCYF Foster Parent Program Specialist as mentioned above, DCYF will not only improve the Division's engagement with families during the assessment phase, it will also improve the quality of work and interactions with families while providing services and case management for Family Service Cases.

**Please see paragraphs #7 and #12 for updates on these respective items.**

**7. Improving skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protections system, including improvements in the recruitment and retention of caseworkers.**

- To further enhance the Parent Partner Program, CAPTA funds will be used to support the foster parent/birth parent mentoring program. This involves foster parents mentoring birth parents who have had their children placed in out-of-home care. This support and connection between the foster and birth parent will promote a more positive relationship between the two and serve to further engage both the foster parent and birth parent in the reunification process.

**UPDATE:** DCYF continues to use CAPTA funds to support the Division's Parent Partner Program. DCYF, through the use of CAPTA funds, continues to support the Parent Partner Programs workshops, including using CAPTA funds to support a Foster Parent Program Specialist position. This position is housed within the Foster Care Program but also works closely with DCYF's Parent Partner Program. The DCYF Parent Partner Program Specialist position is fully supported by Title IV-B Subpart 1 funds.

**12. Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems.**

While interagency collaboration between the Child Protection System and the Juvenile Justice System has been an important mission of the Division, its importance is only magnified as a result of the merge of DCYF and DJJS. Organizationally, DCYF is assessing how the Child Protective Services (CPS) and Juvenile Justice Services (JJS) can best collaborate; this is primarily through the DCYF Practice Model. CAPTA funds will support improving service delivery at a field level for both agencies as described below.

- CAPTA funds will continue to be allocated for the use of laptops with wireless cards for some CPSW's and some JPPO's. The goal is to create a more efficient work environment for both agencies and improve case management by providing CPSW's and JPPO's laptops and wireless cards so they can complete casework while in remote locations such as court or residential facilities. This will allow CPSW's and JPPO's to complete work on the computer while waiting for court hearings, residential treatment meetings, etc

**UPDATE:** Laptops have been purchased for some CPSWs and JPPOs. Based on conversations with DCYF Administration, field staff and caseworker visit data, this pilot has been effective in improving service delivery. To further support this and spread the initial pilot statewide, over the past few years, DCYF has used Monthly Caseworker Visit funds to provide additional funding. DCYF continues to re-evaluate the use of CAPTA funds to improve field service delivery. Additionally, to further drive the achievement of Paragraph #12, DCYF is using additional CAPTA funds to expand and enhance its MLADC Program through a statewide procurement. This procurement, effective July 2020, provides supportive MLADC services in all DCYF District Offices and provides families served by DCYF with access to timely substance misuse services both while involved with DCYF and after DCYF involvement through connecting with other community providers. The selected vendor is responsible for providing DCYF staff with in-service substance misuse trainings to support the Division's Child Protection and Juvenile Justice staff in their day-to-day work with children, youth, and families.

### CAPTA Fatality and near fatality public disclosure policy

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The New Hampshire Child Fatality Review Committee (CFRC) was created by Executive Order in 1991. The mission of the Committee is to reduce preventable child fatalities through systemic multidisciplinary review of child fatalities in New Hampshire; through multidisciplinary training and community-based prevention education; and through data-driven recommendations for legislation and public policy.

The Committee membership is comprised of representation from the medical, law enforcement, judicial, legal, victim services, public health, mental health, Child Protection and education communities. The Committee began reviewing cases of child fatalities in January of 1996. After each review the Committee identifies risk factors related to the death and makes recommendations aimed at improving systematic responses in an effort to prevent similar deaths in the future. The Committee provides the recommendations to the participating agencies and asks them to take actions consistent with their own mandates. The Committee publishes the recommendations and the Division's responses to those recommendations in a report.

The most recent report (revised December 2020) of the Child Fatality Review Committee is located at:

<https://www.dhhs.nh.gov/dphs/bchs/mch/cfrc/documents/child-fatality-review-report-2020.pdf>

New Hampshire's public disclosure procedures adhere to the updated CAPTA requirements. Please see New Hampshire's policy below. Policy 865 Data Management, Policy Statement (f)

(2) allows for all DCYF data containing identifying information to be specifically permitted to be released under the provision of the Child Abuse Prevention and Treatment Act (CAPTA).

(f) All DCYF data containing identifying information is confidential and cannot be released unless specifically permitted under the following Federal and State Laws and State Policies:

- (1) Title 45—Public Welfare (of the Social Security Act) Chapter II, Part 205, Sec. 205.50 Safeguarding information for financial assistance programs,
- (2) Child Abuse Prevention and Treatment Act as amended (42 U.S.C. 5101 et seq)

### Division for Children, Youth and Families' Citizens Review Panel

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<p><b><u>Members of the Citizens Review Panel</u></b></p> <ol style="list-style-type: none"> <li>1. Michael Adamkowski, Chair</li> <li>2. Tessa Dyer</li> <li>3. Monica L. Zulauf</li> <li>4. Dolly McPhaul</li> <li>5. Sandra T. McGonagle</li> <li>6. Representative Patrick Long</li> <li>7. Representative Debra DeSimone</li> <li>8. Representative Cody Belanger</li> <li>9. Representative Kimberly Rice</li> <li>10. Senator John Reagan</li> <li>11. Dr. Lawrence Shulman</li> </ol>	

### CITIZENS REVIEW PANEL ANNUAL REPORT FOR 2020/2021

Below is the report submitted by Michael Adamkowski, Chairperson of the New Hampshire DCYF Advisory Board and Citizens Review Panel. The period reviewed runs from July 1, 2020, thru June 30, 2021.

The Citizens Review Panel meets monthly as a part of the DCYF Advisory Board. The current makeup of the Board consists of four members appointed by the Governor, four appointed by the Speaker of the House, four appointed by the President of the Senate and any other members recommended by the Commissioner of Health and Human Services and approved by the Governor and Council. The membership from the legislature has changed to have terms on the board run concurrently with elected office from the House of Representatives. This led to the appointment of 3 new members after the elections in November. Having new members did have the Board needing to spend some time reviewing all the DCYF services and the current areas of concern.

The Advisory Board/Citizen's Review Panel met this year via Zoom meetings. This created a very challenging scenario as the normal free flow of discussions was difficult to maintain. The new members from the House of Representatives have been active participants in our discussions. The hold over members have continued to attend and contribute to our many discussions. There were a couple of months during the pandemic where meetings were canceled. The process of implementing SB-14 continued during this time and DCYF continued to hire workers. The Bureau of Behavioral Health has been offering additional services to children and families. The system transformation has continued to progress and RFP's for services have been sent out to providers. We did have several speakers do Zoom presentations for the board and were able to follow the progress of DCYF using their new reporting tools. DCYF has been able to greatly reduce case loads for workers. We monitored reporting of abuse and neglect and DCYF was able to produce data showing reporting trends and reporter trends. While numbers from schools dropped the overall trends appeared to track as expected. New cases also continued to be reported at expected numbers. This could indicate that families and reporters know how to access services when needed. The variety of data DCYF tracks allows us to have questions answered about trends, caseloads, hiring, in the moment. Joe Ribsam's leadership of DCYF is very strong and knowledgeable, his attendance at meetings is greatly appreciated and helps to answer any questions the board may have.

We are looking forward to in person meetings, which should restart in July 2021. We will be reviewing the system array, Family First, reporting trends, DCYF needs, out of state treatment, and system transformation.

Michael Adamkowski  
DCYF Advisory Board/Citizens Review Panel Chair

*DCYF Response: The Division will continue to provide the Panel with requested information and the support necessary for the Panel to serve in its advisory capacity. The Division has presented*

*numerous topics to the Panel over the past year upon the Panel's request. These presentations have informed the Panel's goals for the upcoming year and the Division acknowledges the importance of the goals developed and will support the Panel in its work.*

## CAPTA – Comprehensive Addiction and Recovery Act (CARA) Plan of Safe Care

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On June 13, 2017, in a phone call with ACF, it was determined that New Hampshire DCYF will need to facilitate the process of creating state statute that will sufficiently compel health care providers to “notify” DCYF when infants are born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. The Division has done extensive work over the past year to address the CAPTA Plan of Safe Care Assurance as it pertains to CARA. The Division has taken a comprehensive and collaborative approach to ensure that these changes will improve the quality and consistency of care for families in New Hampshire. On June 26, 2018, New Hampshire Governor Christopher Sununu signed into law Senate Bill 549 relative to plans of safe care for infants affected by substance abuse or withdrawal symptoms from prenatal drug exposure or fetal alcohol spectrum disorder. The Bill can be accessed through the link below:

[http://www.gencourt.state.nh.us/bill\\_status/billText.aspx?id=1890&txtFormat=html&sy=2018](http://www.gencourt.state.nh.us/bill_status/billText.aspx?id=1890&txtFormat=html&sy=2018)

Immediately after passage of this Bill, a cover letter explaining the process along with an additional attachment were sent to the Governor's Office along with the Assurance required for compliance with this legislation. The New Hampshire Division for Children, Youth and Families asserts that these supporting documents combined with the passage of Senate Bill 549 bring New Hampshire into compliance with CARA. The Division for Children, Youth and Families submitted the signed Assurance to ACF in July 2018. On September 13, 2018, ACF informed New Hampshire they have come into compliance with the CARA legislation and have successfully completed their Program Improvement Plan that was developed and approved in 2017.

DCYF continues to collaborate with the NH Division of Public Health Services, the NH Governor's Commission on Alcohol and Other Drug Perinatal Exposure Task Force and the medical community to ensure proper implementation of this legislation. This collaboration included a summit that occurred in January 2019 to bring key stakeholders together to share information and promote education about the implementation of CARA. To further support implementation, DCYF has engaged with these partners and ACF to facilitate a technical assistance site review in August 2019. The site review held in August 2019 provided a great opportunity for New Hampshire DCYF and its key stakeholders to meet with ACF to discuss the

current work going on in New Hampshire related to CARA and discuss areas of strength and opportunities for improvement. In December 2019, ACF provided New Hampshire with a final report of the site visit, which identified the following strengths and challenges/barriers:

### **Strengths:**

1. The collaborative team developing and implementing Plans of Safe/Supportive Care are well coordinated due to staffing by Rekha Sreedhara of John Snow Inc., through the Governor's Taskforce on Alcohol and Other Drugs Subcommittee on Perinatal Substance Exposure and funding support from the New Hampshire Community Foundation.
2. New Hampshire Senate Bill 549 clearly delineates the responsibility of health care providers to develop Plans of Safe Care. This legislation, in addition to long-standing dedication by health care providers to the needs of pregnant and parenting women with substance use disorders and their infants, has created a strong implementation of POSC among OB/GYNs, birthing hospital staff and pediatricians in many areas across the state.
3. The Dartmouth-Hitchcock Medical Center illustrates how health care system integration can provide a service array, information sharing and continuous quality improvement activities to support implementation of POSC among health care partners.
4. Concord Hospital, DCYF's Concord Office and the Concord area Family Resource Center have a strong local collaboration that includes communication pathways and trusting relationships among multi-sector partners. Practices from this effort can be disseminated widely and include information on how to improve cross-sector collaboration across the state as well as pilot test policies and practices to enhance POSC collaboration, information sharing and oversight.
5. Northern New England Perinatal Quality Improvement Network provides a strong learning community and venue for education among healthcare partners. The Network is regularly used to share POSC information, policy, guidance and training.
6. New Hampshire's near real-time neonatal abstinence syndrome surveillance system provides good information for understanding needs across the state and allocates resources efficiently to support an appropriate service array.

### **Challenges and Barriers:**

1. Partners on the Taskforce do not have similar values and views related to safety, assessment, information sharing and intended goals for families affected by substance use disorders. Partners note concerns about use of traumatizing language by other sectors, reluctance to share information with partners when they do not know how that information will be used, and differing goals around family stability, infant health, parental recovery, child safety and system involvement.
2. There is a lack of shared understanding of assessment and decision-making practices related to infants with prenatal substance exposure and their families is lacking. Child welfare receives inconsistent information for decision-making from hospital staff, and hospital staff note inconsistent assessment and decision-making practices among child welfare staff.
3. There is a lack of oversight and follow up for POSC after hospital discharge in circumstances where the information gathered during the assessment does not require a DCYF case to be opened. This challenge is exacerbated by a lack of in-home services available in DCYF for lower-risk cases and clear responsibility among community providers for oversight of POSC after hospital discharge. This leaves families who do not meet DCYF standards for an open case, but still potentially in need of support, without ongoing oversight of their POSC to ensure appropriate services are received and the family remains stable and safe in the postpartum period.
4. Data presented from the hospital surveillance system shows approximately 450 exposed infants annually and hospital staff note reporting 30-40% of those cases to DCYF. DCYF data shows 400-500 cases of substance exposed infants reported to their central registry annually. This data seems to point to a substantial majority of reports coming from outside the hospital. Identification of what systems partners are making these reports is necessary to determine additional partners needed in the collaborative to ensure consistent policy and process development particularly around mandatory reporting and safety assessment.
5. While collaboration within the healthcare system seems strong in most areas, partnership with child welfare and community service providers seems to be uneven across the state.
6. Partners identified a lack of service capacity in prenatal care and connection to mental health partners in some areas of the state.



New Hampshire DCYF will continue to work with its stakeholder community over the coming year to expand upon the strengths identified, address the barriers and challenges presented, and will provide an update on the work accomplished in next year's CAPTA Plan update.

Over the past year, DCYF has taken key steps in order to refine and improve plan of safe care reporting and monitoring. DCYF added two questions in its SACWIS (Bridges) system that must be answered before any DCYF assessment is closed. The two questions are:

1. Substance-exposed infant has Plan of Safe Care; and
2. Referrals made to support Plan of Safe Care.



### CAPTA - Justice for Victims of Trafficking Act of 2015

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The Division has taken numerous steps to come into compliance with the Amendments to CAPTA made by P.L. 114-22, the Justice for Victims of Trafficking Act of 2015. In September 2015, DCYF Policy 1554 Response to Human Trafficking - Screening, Referral, and Case Planning was completed and implemented. This policy addressed a majority of the provisions referenced in P.L. 114-22, the Justice for Victims of Trafficking Act of 2015. The Division for Children, Youth and Families finalized policy to meet these requirements which have been approved by the Administration for Children and Families through the New Hampshire Title IV-E State Plan submitted in September 2015. On May 12, 2017 the Division for Children, Youth and Families submitted a signed Governor's Assurance to the Administration for Children and Families, which ensures the necessary provisions, have been put into place.

To further support New Hampshire's compliance, DCYF advocated for and received a full-time program specialist position within the state budget whose sole focus will be managing the Human Trafficking Program within DCYF. This position, filled in August 2020, is overseen by the Division's Deputy Compact Administrator, which has provided great continuity to the work being done within the ICPC, ICJ and Human Trafficking Programs in DCYF. Over the last year, the Human Trafficking Program Specialist has enhanced the Human Trafficking program in several ways. DCYF Policy 1554 Response to Human Trafficking was revised to include this new role and to update the specific field response. This position has begun to track all DCYF investigations and open Child Protection and Juvenile Justice cases where there are concerns for Human Trafficking and provides consultation to the field and direct oversight of these cases to ensure policy and protocols are being followed. The Human Trafficking Program Specialist ensures that the New Hampshire Human Trafficking Task Force Officers are made aware of all reports and instances of trafficking so that joint investigations are conducted and that use of the multidisciplinary team occurs. In addition, the Human Trafficking Program Specialist has revised



and updated the training that all newly hired DCYF staff receive, and has developed an advanced/refresher training that has been provided to every district office.

## Statistical and Supporting Information

### Information on Child Protective Service Workforce

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For Child Protective Service personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the State, report available information or data on the following:

- (1) Information on the education, qualifications, and training requirements established by the State for child protective service professionals, including for entry and advancement in the profession, including advancement to supervisory positions.

#### MINIMUM QUALIFICATIONS:

##### **CPSW I**

Education: Bachelor's degree from an accredited college or university with a major study in social work, psychology, social psychology, sociology, human services, criminal justice, behavioral science, cultural anthropology, or counseling, pastoral counseling or divinity or related field.

Experience: No experience required.

#### **OR**

Education: Bachelor's degree from an accredited college or university with at least twelve (12) courses or thirty-six (36) credit hours in social work, psychology, social psychology, sociology, human services, criminal justice, behavioral science, cultural anthropology, or counseling, pastoral counseling or divinity or relate field.

Experience: No experience required.

#### **OR**

Education: Bachelor's degree from an accredited college or university in any field.

Experience: Three years' experience in human services or education field working with children and/or families.

License/Certification: Must possess a valid driver's license and/or have access to transportation for use in statewide travel.

**SPECIAL REQUIREMENTS:**

1. Must successfully complete the CPSW Academy within the first twelve months of employment.
2. Upon completion of the CPSW Academy, must attend 30 hours of in service training annually. In addition, must successfully complete the formal mentoring program.
3. Must be available for non-traditional work hours to meet the needs of client families and children in their homes and other public locations.

**CPSW II**

Education: Bachelor's degree from a recognized college or university with a major study in social work, psychology, social psychology, sociology, criminal justice, human services, behavioral science, cultural anthropology, or counseling, pastoral counseling or divinity.

Experience: One year's experience as a social worker or professional case manager, preferably in the child protective service profession or in either a public or private agency.

**OR**

Education: Bachelor's degree with at least twelve (12) courses or thirty-six (36) credit hours in social work, psychology, social psychology, criminal justice, cultural anthropology, human services, behavioral science, counseling, or sociology, pastoral counseling or divinity.

Experience: One year's experience as a social worker or professional case manager, preferably in the child protective service profession or in either a public or private agency.

License/Certification: Must possess a valid driver's license and/or have access to transportation for use in statewide travel.

**SPECIAL REQUIREMENTS:**

1. Must have successfully completed the CPSW Academy and have completed the formal mentoring program if being promoted from a CPSW I or complete the CPSW Academy within twelve months of employment from date of hire as a CPSW II.
2. Must receive satisfactory performance evaluation and be free of any disciplinary action prior to promotion.
3. Must have approval from the Supervisor and the CPS Field Administrator.
4. Case records must all be complete and up to date.

5. Upon completion of the CPSW Academy, must attend 30 hours of in service training annually. In addition, must successfully complete the formal mentoring program.
6. Must be available for non-traditional work hours to meet the needs of client families and children in their homes and other public locations.

### **CPSW III**

Education: Master's degree from a recognized college or university with major study in social work, psychology, social psychology, counseling, criminal justice, human services, sociology, behavioral science or, cultural anthropology, pastoral counseling or divinity.

Experience: One year experience as a social worker or professional case manager preferably in the CPSW profession. The experience may have been gained before or after completion of the above Master's degree.

### **OR**

Education: Bachelor's degree with at least (12) courses or thirty-six (36) credit hours in social work, psychology, social psychology, sociology, criminal justice, cultural anthropology, human services, behavioral science or, counseling, pastoral counseling or divinity.

Experience: Two years' experience as a social worker or professional case manager preferably in the CPSW profession.

License/Certification: Must possess a valid driver's license and/or have access to transportation for use in statewide travel.

### **SPECIAL REQUIREMENTS:**

1. Must have successfully completed the CPSW Academy and have completed the formal mentoring program if being promoted from a CPSW III or complete the CPSW Academy within twelve months of employment from date of hire as a CPSW IV.
2. Must receive satisfactory performance evaluation, be free of any disciplinary action for at least two years and possess a performance-based recommendation from the Supervisor and the CPS Field Administrator.
3. Case records must all be complete and up to date.
4. Must be able to demonstrate leadership skills such as conflict resolution, team building, and motivational skills.

5. Upon completion of the CPSW Academy, must attend 30 hours of in service training annually. In addition, must successfully complete the formal mentoring program.
6. Must be available for non-traditional work hours to meet the needs of client families and children in their homes and other public locations.

#### **CPSW IV**

Education: Master's degree from a recognized college or university with major study in social work, psychology, social psychology, counseling, criminal justice, human services, sociology, cultural anthropology, behavioral science, pastoral counseling or divinity.

Experience: Two years' experience as a social worker or professional case manager, preferably in the CPSW profession.

#### **OR**

Education: Bachelor's degree with at least twelve (12) courses or thirty-six (36) credit hours in social work, psychology, social psychology, sociology, criminal justice, cultural anthropology, human services, behavioral science, counseling, pastoral counseling or divinity.

Experience: Three years' experience as a social worker or professional case manager preferably in the CPSW profession.

License/Certification: Must possess a valid driver's license and/or have access to transportation for use in statewide travel.

#### **SPECIAL REQUIREMENTS:**

1. Must have successfully completed the CPSW Academy and have completed the formal mentoring program if being promoted from a CPSW III or complete the CPSW Academy within twelve months of employment from date of hire as a CPSW IV.
2. Must receive satisfactory performance evaluation, be free of any disciplinary action for at least two years and possess a performance-based recommendation from the Supervisor and the CPS Field Administrator.
3. Case records must all be complete and up to date.
4. Must be able to demonstrate leadership skills such as conflict resolution, team building, and motivational skills.
5. Upon completion of the CPSW Academy, must attend 30 hours of in service training annually. In addition, must successfully complete the formal mentoring program.

6. Must be available for non-traditional work hours to meet the needs of client families and children in their homes and other public locations.

### PROMOTION REQUIREMENTS

In order for a CPSW to be promoted to the CPSW II or III positions, the following must be completed and signed off by the CPSW's Supervisor and the Field Administrator for that district office:

«FIRST\_NM» «LAST\_NM» will be completing one year as an «EMPLOYEE\_TITLE\_DESC» on «PROB\_END». In order for «FIRST\_NM» to be eligible for promotion to «PROMO\_TO», please return this form and provide the following:

- (A) Recent satisfactory performance evaluation (attached or on file).
- (B) This employee has completed the following training requirements:

\_\_\_\_\_ Core Training (CPSW I – CPSW II)

\_\_\_\_\_ 30 Hours of Training (CPSW II – CPSW III)

\_\_\_\_\_ A current ITP/ITNA is on file and noted in personnel evaluation

In order for a CPSW to be promoted to a CPSW IV position, which is the highest-ranking CPSW position, the following must be completed and signed off by the CPSW's Supervisor and the Field Administrator for that district office:

We are recommending that \_\_\_\_\_ be promoted to a CPSW IV.

The employee has met the following requirements:

\_\_\_\_\_ The CPSW IV criteria approved by Human Resources (See Below)

\_\_\_\_\_ The employee has a recent satisfactory performance evaluation attached or on file.

\_\_\_\_\_ 30 Hours of Training

\_\_\_\_\_ A current ITP/ITNA is on file and noted in personnel evaluation

CPSW IV criteria approved by Human Resources:

To qualify for an upgrade to CPSW IV:

1. Must have completed the current CPSW Core Training and have a working knowledge of the content of the trainings.
2. Must be employed with DCYF for at least three years.
3. Supervisor recommendation must have assistant (field) administrator approval.
4. Must have current and thorough Bridges knowledge.
5. Must have attained a CPSW III status
6. Has not been under a work plan for the past year,
7. Is willing and available to mentor and accept supervisory responsibility.

To qualify for a CPSW IV an external applicant:

1. Has at least three years' experience in a child welfare or related field.
2. Can demonstrate the above criteria in a previous employment

- (2) Data on the education, qualifications, and training of such personnel and demographic information of the child protective service personnel.

The table below is information from New Hampshire Bridges related to the education levels of New Hampshire's CPSW Workforce. The table also provides insight on the tenure of CPSWs. DCYF will continue to explore more detailed and reliable Data Sources to gather a broad spectrum of information relating to CPSW

Level of Education	#	%
Bachelor Level	152	50.67%
Masters Level	25	8.33%
Associate Degree	2	0.67%
High School Diploma / Some College	13	4.33%
Unable to Determine	108	36.00%
<b>Total</b>	<b>300</b>	<b>100.00%</b>

Average years of service with DCYF	<b>5.0</b>
Median years of service with DCYF	<b>2.7</b>

(Data Source: NH Bridges)

demographics. Furthermore, it is of note that this information is not completely accurate in its reflection on the CPSW Workforce for New Hampshire DCYF. As mentioned above

in the Minimum Qualifications section, it is a requirement that every CPSW must possess a bachelor's degree. This table reflects that some of the CPSW staff does not possess a bachelor's degree, which is not accurate.

- (3) Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor (section 106(d) (10)).

For the New Hampshire Child Protective Services (CPS) Workforce there is no specific caseload requirement. Child Protection Supervisors and Administrators do track and report out on the status of current caseloads, average number of cases per CPSW and caseload trends at the District Office level. This information is used to inform staffing decisions, assignment of work responsibilities and to assist supervisors in managing personnel and caseload responsibilities within their respective office.

DCYF Supervisors, CPS Field Administrators and the Field Services Administrator receive monthly data reports that include number of protective assessments assigned per month, current number of open cases, number of children in those cases and other statistical data related to practice outcomes. These reports are routinely reviewed at Leadership meetings and used to manage business operations and practice at the local level. Since the reports are designed to report how workloads increase/decrease over time, the CPS Field Administrators use the data to conduct an individual analysis of each District Office's workload on a regular basis. This analysis includes a breakdown of the number of staff per office by position type and averages the total number of protective assessments and family service cases managed per worker during that time period. The Field Services Administrator reviews this information and a comparative analysis is completed to determine which offices are carrying the highest to lowest average number of assessments and cases per worker statewide. These results are used to inform decisions related to staff assignments that may include position reassignment within an office, temporary assignment of catchment areas to another office, permanent transfer of a position to another office and if deemed necessary request to the DCYF Director to create new positions. DCYF has continued to utilize the Workforce Capacity and Workforce Analysis Report for Child Protection and Juvenile Justice. This report not only provides an overview of the number of assessments, cases and families served, but also indicates current workforce capacity and considers field staff who may be in a CPSW or JPPO position, but do not maintain a current caseload due to being a new hire in training, out on extended leave, etc. This report provides a more accurate picture to DCYF Administration of current caseloads and allows there to be more a more responsive approach to addressing needs in the field.

*The April 2020 Workforce Capacity and Workforce Analysis Report is attached below.*

*The information provided in this section is current as of April 2020 and the update of this CAPTA Plan.*

## NH DCYF Workforce Capacity and Workload Analysis

NH DCYF Workforce Capacity and Workload Analysis						
Child Protective Services - Assessments						
	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
# of Open Assessments (open last day of the month)	1,844	1,806	1,878	1,920	2,041	2,070
# of New Assessments (Referrals approved for assessment during the month)	760	735	802	764	959	915
# of New Added Allegations (Referrals approved during the month for investigation as added allegation to assessments opened within 45 calendar days)	71	70	93	79	109	96
Total # of New Assessments and Added Allegations (Referrals approved for assessment during the month)	831	805	895	843	1,068	1,011
# of All Assessment CPSW Positions	162	162	162	162	161	161
Vacant Positions	19%	18%	16%	17%	13%	14%
# of Filled Assessment CPSW Positions	132	133	136	135	140	138
# of Assessment CPSWs in training and on leave	32	22	25	25	29	31
Adjusted # of Assessment CPSWs	100	111	111	110	111	107
Capacity of Assessment CPSWs	62%	69%	69%	68%	69%	66%
Adjusted Average # of Open Assessments per actual CPSW	18	16	17	17	18	19
Adjusted Average # of New Assessments per actual CPSW	8	7	8	8	10	9
Source: Bridges, DCYF Master Staffing List & Supervisor's Working Staff Tracking						



## NH DCYF Workforce Capacity and Workload Analysis (cont.)

Child Protective Services - Family Services						
	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
# of Open Cases (open last day of the month)	1,147	1,135	1,147	1,144	1,163	1,155
Children participating in all open cases (open last day of the month)	1,858	1,832	1,867	1,870	1,892	1,876
# of Family Services CPSWs Positions	122	122	122	122	122	122
Vacant Positions	20%	18%	16%	14%	12%	15%
# of Filled Family Services CPSW Positions	97	100	103	105	107	104
# of Family Services CPSWs in training or on leave	19	15	19	20	22	20
Adjusted # of Family Services CPSWs	78	85	84	85	85	84
Capacity of Family Services CPSWs	64%	70%	69%	70%	70%	69%
Adjusted Average # of Cases per CPSW	15	13	14	13	14	14
Adjusted Average # of Children participating in Family Service Cases per CPSW	24	22	22	22	22	22
Source: Bridges, DCYF Master Staffing List & Supervisor's Working Staff Tracking						

Juvenile Justice Services						
	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
# of Open Cases (open last day of the month)	987	971	958	989	1,029	997
Children participating in all open cases (open last day of the month)	1,263	1,260	1,248	1,304	1,380	1,333
# of 17 year olds with delinquent petitions filed during the month	17	16	11	16	17	11
# of those 17 year olds that had no existing involvement with juvenile justice	13	9	8	9	9	7
# of All JPPO Positions	79	79	79	79	79	79
Vacant Positions	1%	3%	3%	5%	1%	3%
# of Filled JPPO Positions	78	77	77	75	78	77
# of JPPOs in training or on leave	3	5	5	3	5	4
Adjusted # of JPPOs	75	72	72	72	73	73
Capacity of JPPOs	95%	91%	91%	91%	92%	92%
Adjusted Average # of Cases per Actual JPPO	13	13	13	14	14	14
Adjusted Average # of Children participating in JJS Cases per Actual JPPO	17	18	17	18	19	18
Source: Bridges, DCYF Master Staffing List & Supervisor's Working Staff Tracking						

## Juvenile Justice Transfers

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Should a child under Child Protective Services (CPS) custody become involved with Juvenile Justice Services (JJS) through either a Delinquency or Child in Need of Services (CHINS) petition, DCYF-CPS retains custody of the child. CPS and JJS collaborate for purposes of joint planning and case management to define the roles and responsibilities of each Bureau.

## Children Adopted Internationally who have Entered State Custody

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In 2005, the New Hampshire Division for Children, Youth and Families developed a Bridges Data collection component for inter-country adoptions. This report reflects the following information:

In state fiscal year 2020, zero internationally adopted children entered state custody (Data Source: ).

## SECTION 9: FINANCIAL INFORMATION

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### **Payment Limitations – Title IV-B, Subpart 1**

In Fiscal Year 2005, the state expended no Title IV-B Subpart 1 or non-federal funds for child care, foster care maintenance or adoption assistance payments.

### **Payment Limitations – Title IV-B, Subpart 2**

The New Hampshire state and local share of spending in 1992 for Title IV-B, Subpart 2 programs was \$300,000. In State Fiscal Year 2019 \$112,520 was outlaid by state and local resources for the purpose of supporting Title IV-B activities. This quantity was less than the Fiscal Year 1992 base amount of \$300,000.

## SECTION 10: UPDATES TO TARGETED PLANS

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### Foster and Adoptive Parent Diligent Recruitment Plan

#### Background and Beliefs Statement

New Hampshire believes that selecting the most appropriate family for a child who cannot safely remain at home can reduce the trauma of separation and loss for the child. It can also increase the probability of a successful placement and ideally, can create a lifelong connection or permanent home for the child, if needed. While relative care is always considered as the first option, efforts are made to recruit foster and adoptive parents, who reflect not only the ethnic and racial diversity of the children in the Division's care, but families who are naturally linked to the neighborhood and communities where children reside. Matching the child with a resource home considers the caregiver's ability to meet the unique needs of the child and family. The Division for Children, Youth and Families (DCYF) does not delay the selection of a family or placement for the purpose of finding a racial or ethnic match. DCYF staff as well as providers and caregivers participate in pre-service and ongoing training to promote cultural competency. Through training and ongoing support, the Division makes efforts to ensure that resource families are culturally responsive to children's needs regardless of whether they have different backgrounds or lifestyles.

Partnering with the community and families is a fundamental philosophy of the Division. Foster and adoptive parents are linked closely to the neighborhoods, communities and cultural, ethnic, and religious groups that make up the community. They work and perform daily activities and contribute to the vitality of the community while serving children in care. The Division has always recognized and appreciated that the best recruitment tool for new foster and adoptive families is a well-supported network of current foster or adoptive families. Development of the plan by local recruitment and retention teams in each district office makes operational the belief that keeping children in their own communities in close proximity to their parents, schools, and other significant people in their lives will enhance the safety and well-being of children. Community placements can also increase the probability that the parents and children will be reunified.

Foster Family Care Licensing in New Hampshire is governed by both statute; RSA 170-E and Administrative Rule; He-C 6446. There are no fees to become a licensed foster care provider and no costs associated with adopting from foster care. Because New Hampshire offers dual-licensure, only one home study is necessary for the purposes of fostering and adopting. The Rule allows that the agency must decide whether to grant a license within 120 days of the date of the completed application packet. Once issued, a foster care license is valid for no more than two years beyond the expiration of the earliest required safety check. The renewal process includes at least one home

visit by the licensor, an updated criminal records check to include a local police check, DCYF Central Registry check, and fire inspection and registry of criminal offenses. Foster parents must submit a list of trainings that they have attended to meet the training requirement of the license and any additional certification they have requested.

Relative Care policy and process requires that staff discuss the available placement options that will meet a child's needs when they cannot remain safely in their own home. Whenever possible and desirable, children must be placed with relatives and with their siblings (if any) as close as possible to their home and community. Relative Notification letters are sent to all known and appropriate relatives whenever a child enters out of home care. Staff continue to search for able and willing relatives throughout the life of a case for connections, placement and permanency option.

New Hampshire does not currently require a relative caregiver to become a licensed foster family to accept placement of a relative child although it is highly encouraged. Relatives within the fourth [degree of a relationship](#) can apply to be supported through funds available to Temporary and Needy Families (TANF). The current requirements for unpaid relative care include an immediate central registry check, an immediate local police check, registry of offenders check, and a walk through of the home for safety. The relative is required to sign a *Relative Care Agreement* (form 1601), permission for a New Hampshire State Criminal Record check (not fingerprint based) and agreement to participate in a home study. When a relative caregiver wishes to be licensed DCYF follows the guidance of [Fostering Connections](#), and allows for non-safety licensing waivers if they are found to create a barrier to the relative becoming licensed. The most frequently requested waiver is for pre-licensing training. Permits are issued when a relative caregiver has approved safety items completed, which allows for a foster care stipend to begin while the licensing process is completed.

### Current Recruitment And Retention Plan Components

The Foster Care Program within the Bureau of Community, Family and Program Support provides licensed resource homes and a family experience for children who cannot be safely cared for in their own homes. The program consists of the Foster Care Unit, Home Study Unit, and resource workers in each district office. DCYF Administration initially created the Home Study Unit as a pilot in response to the crisis with the lack of available foster home placements. The Unit has been adjusted to seven and one-half staff and a dedicated supervisor that are responsible for new foster parent licensing and assists with non-licensed relative care provider home studies. The Unit is able to be flexible with staff schedules to meet the needs of new applicants. All initial information and paperwork for interested applicants has been streamlined through the central inquiry process. A smaller specialized unit of three was created to work with families as requested through the

Interstate Compact for the Placement of Children (ICPC) process. The local district office resource worker was relieved of the responsibility of licensing new homes and now focuses on recruitment, retention and renewal licensing. The local resource worker matches children in need of out-of-home care with an appropriate family and supports the foster, relative and adoptive parents in their catchment area. There are nine New Hampshire child placing agencies who are certified to provide foster care programs that also recruit, study and maintain licensed foster families. The Foster Care Unit provides oversight for these programs.

The Foster Care Program provides leadership and technical assistance to the district offices in the development of their local plans. The program is responsible for developing statewide media campaigns and events, assisting the district offices for general, targeted, and child specific recruitment and for supporting retention activities. In 2019, a home study unit position was reallocated to assist the local district offices with the development of local recruitment and retention plans, and developing statewide recruitment and retention campaigns.

Recruitment and Retention responsibilities and activities of the Division have been supplemented for the past fourteen years through a small contract with Bethany Christian Services. This contract for the Community and Faith-Based Initiative (CFBI) focuses more on child specific adoption recruitment, general and targeted recruitment in the faith based community, specific foster family and relative care supports, and statewide appreciation events for both foster care and adoption. The Community and Faith-Based Initiative grows stronger every year and has been very successful in supporting foster and adoptive families and increasing retention. In addition to ensuring that all children in care received gifts over the holidays, the Community and Faith-Based Initiative worked with several district offices for their foster and adoptive family holiday celebrations. The Community and Faith-Based Initiative is responsive to the requests from family foster home providers in need of car seats, beds, furniture and other tangible items needed to properly care for a child. They have been successful in obtaining donated space in the faith communities for foster parent training, support groups and storage closets.

As part of their recruitment efforts, CFBI staff forge connections with faith-based communities around the State and then presents to congregations about the increasing need for foster and adoptive families. They organize two to three faith forums per year around the State to bring communities together to learn about foster care and adoption and the importance of having local resources for children in need. The Community and Faith-Based Initiative has successfully maintained a grant to have a Wendy's Wonderful Kids recruiter amongst their staff. While the recruiter does not necessarily recruit new families, she has been an asset in case mining and matching waiting children with suitable families for adoption. The recruiter also monitors the transition of the child into the family and supports them with adoption preparation information.

The Community and Faith-Based Initiative contract with Bethany has the option of renewal every 2 years. The contract was again renewed for 2020 – 2021.

The Division has an amazing partnership with WMUR, the statewide television channel, for the specialized segment on New Hampshire Chronicle called [“Home At Last.”](#) Since November of 2018, 33 children, ranging in age from 2 to 13, who were featured on the Adopt NH website, have been matched with an adoptive family and are either currently transitioning, or have successfully transitioned to their forever home. Additional families who have called in after viewing the show have been licensed to provide foster care in their home communities and have been matched with other Waiting Children needing adoption. Due to the Covid pandemic the “Home at Last” series has been paused.

**Meet ARI**

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She's looking for her  
**Home at Last**

Tune Into WMUR-TV's  
**NH Chronicle**

Thursday, August 10th  
at 7:00pm



The Division has continued to use the Department of Health and Human Services (DHHS) Website as an informational and recruitment tool. Pictures of [Waiting Children](#) in the State are available to viewers. Links to training and other resources for both foster and adoptive families are easily found. The Department's Public Information Office further supports recruitment efforts by highlighting foster care and adoption on its front page slider and assists with press releases and allowing access to its social media sites with recruitment messaging. Gubernatorial Proclamations are requested annually for both May and November as part of the Division's recognition of the families already involved with foster care and adoption and as a recruitment point of interest.

The Division has always recognized and appreciated that the best recruitment tool for new foster and adoptive families is a well-supported network of foster or adoptive families. The Division has historically had a strong collaborative partnership with the New Hampshire Foster and Adoptive Parent Association (NHFAPA) and values the hard work and commitment of the parents actively involved with this Association. NHFAPA and the many local level associations offer peer support to fellow families and work hard to recruit new families to serve children in need. Most of the local support groups have a presence on social media to share information with their members and potential applicants for foster care and adoption. A small group of foster parents have continued a grass roots and personal recruitment campaign to help increase the number of foster families across the State. Often captured as "Foster Love", the foster parents hosted several successful events. The teams of foster parents have started their own online support networks for these applicants and are voluntarily mentoring the families through the licensing and placement process.

Current NH Licensing Regulations include that the applicant for foster care be able to "communicate" in English. Staff has access to document translation and to translator services through the "Language Bank" to assist with any applicant who has limited English. [Language Bank](#) services can also be provided to foster families who are caring for children or communicating with parents who are not English speaking. In June 2020, the Judicial Legislative Rule committee adopted the change, "Be able to communicate with the child, DCYF, and health care providers and service providers". All providers and contractors for the Division are required to offer culturally competent services and supports if a language barrier is identified.



### Data Considerations

The overall number of licensed foster homes in the State has remained seen a slight decrease in the past year. Despite the pandemic, 2020 was the fourth year that there were more new homes



added than number of homes closed. This is a hopeful sign and evidence that the development of the Home Study Unit and adjustments to the Central Inquiry process are working.

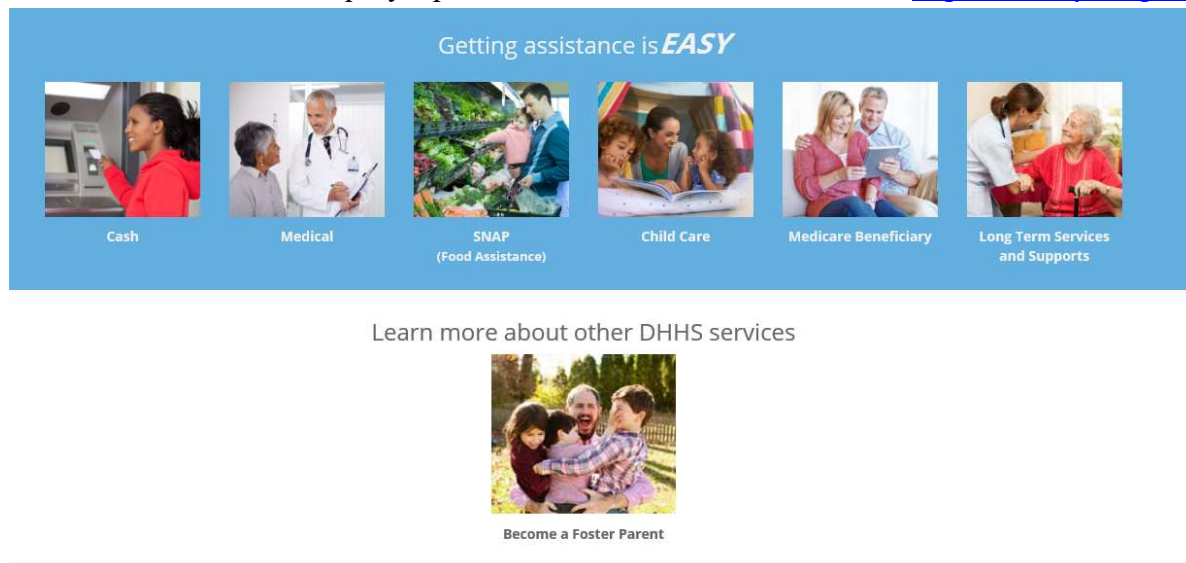
<b>Licensed foster families</b>	<b>SFY 2015</b>	<b>SFY 2016</b>	<b>SFY 2017</b>	<b>SFY 2018</b>	<b>SFY 2019</b>	<b>SFY 2020</b>
<b>total homes</b>	840	819	914	997	1051	996
<b>new homes</b>	153	137	244	240	225	141
<b>closed homes</b>	170	162	163	177	164	130

*(Data Source for licensed foster families: NH SACWIS, extracted 6/17/21)*

There has been a decrease in new DCYF foster home inquiries between State Fiscal Year 2020 and 2021 from 1260 to 726. This could be a result of the COVID-19 pandemic. *(Data Source for new DCYF inquiries: internal spreadsheet, extracted 2/9/21) DCYF has previously captured and reported this data by CY, but is now able to report by SFY.*

There has been a significant increase in the inquiries coming in from potential applicants looking to learn more about foster care and adoption. A tool to assist with foster and adoptive inquiries was built in 2018. DeLoitte Consulting, a contractor for the greater Department created an online inquiry application that allows potential applicants to submit their initial inquiry packet electronically. The platform was made live on December 19, 2017. This platform has already

allowed the initial inquiry process to be more efficient. <https://nheasy.nh.gov/#/>.



The Division has had a Centralized Inquiry system for a number of years. This allowed consistent and timely information to people wanting to learn and/or start the licensing process and a better understanding of the expectations before working with a home study practitioner. Over the years, data showed that a greater percentage of applicants followed through with their initial inquiry and became licensed. In SFY 2020, the Division tracked 1260 calls and emails from interested people inquiring about foster care in NH. A total of 157 home studies were assigned to the Home Study Unit which include nonlicensed relative providers and foster care licensing home studies. One hundred twelve (128) new foster care licenses were issued through the home study unit, with 29 denials/withdrawals. (*Data Source: internal spreadsheet*) which does not reflect licenses issued through the ICPC process or other child placing agencies. In SFY 2021, 570 phone and email inquiries. One hundred sixty three (163) home studies have been assigned which include nonlicensed relatives and foster care licensing home studies. This produced 45 new licensed homes, 14 non-licensed relative studies, and 27 denials/withdrawals. (*Data Source: internal spreadsheet*) which does not reflect licenses issued through the ICPC process or other child placing agencies. The home study unit has worked closely with technical advisors from the Harvard Kennedy School Government Performance Lab consultants to learn to leverage data in order to streamline and remove barriers to the licensing process. 2020 and into 2021 has continued to be a year of revising and streamlining forms and processes in order to reduce the average time from application to licensure, as well as updating foster care policy. These forms were released to DCYF staff on June 16, 2020.

Consistent messaging is given to all new potential foster care applicants about the Mission, Beliefs, and Principles of the Division and the expectation that the Division and the foster family will work towards reunification together. A new program specialist (29.5 hour) position has been added to

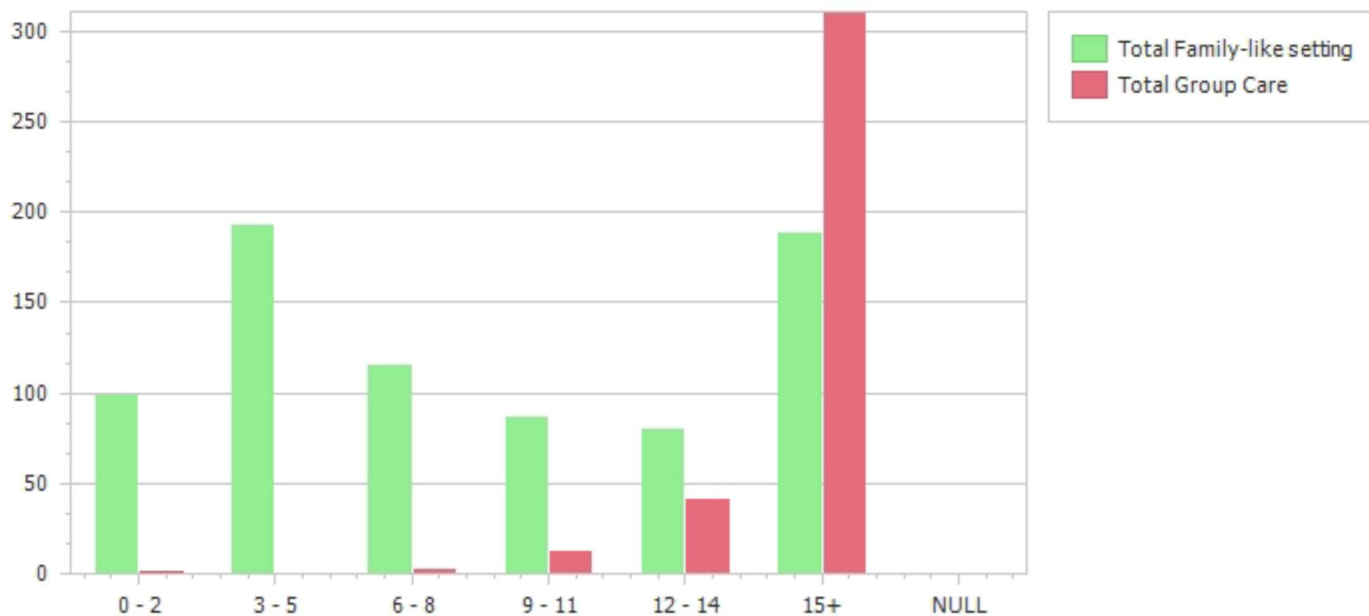
the Foster Care Program to support foster parents and build capacity with the Better Together with Birth Parents programming, that partners birth and foster parents to support permanency for children.

The Division has increased its use of relative care as a placement option for children over the past five years and it is expected that this trend will continue. Data shows that it is more likely that the Division will be able to place a school-age child with a relative at the initial placement than it is for infants or teens.

The ages of children in care have also shifted during this period as more children entered because of parental substance abuse. This shift required even more family based care. Less than 90 infants and toddlers were in care in September of 2014 and that number increased to over 240 in September of 2018. In April of 2019, of the 498 children under the age of five, only five were in group home care due to significant medical or treatment needs. The rest were with either a relative or a foster family. The use of relative care, both unpaid and licensed has grown substantially over the years. New Hampshire continues to experience a shortage of options for foster family care that supports children and youth being placed within their communities for children of all ages.

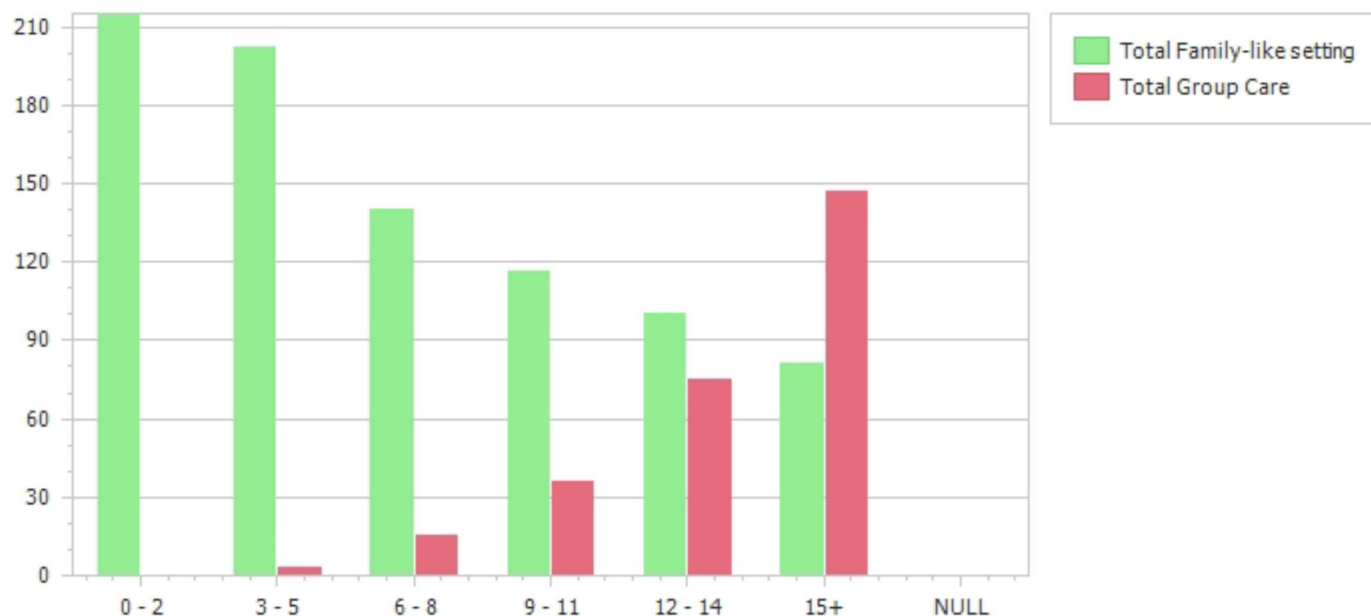
### Ages of Children in Care by Placement Type on 1/31/2016

(Data Source: ROM, extracted 3/22/2021)



### Ages of Children in Care by Placement Type on 1/31/2021

(Data Source: ROM, extracted 3/22/2021)



Over the past few years, it has grown common for children, especially sibling groups and older youth entering foster care to not be placed within their communities, and with non-relative foster care who know little about the children or their families and little about their strengths, culture, neighborhood and roots. As a result, foster and birth parents are often disconnected and do not communicate effectively which can lead to additional trauma, distrust and fear. In scenarios like this, beneficial visitation between birth parents and children is at times difficult to arrange and unsupported. The need to increase the Division's recruitment efforts to ensure that there is an adequate supply of homes to meet the needs in every area of the State has been the focus over the last year. Targeted regional recruitment has been focused in Grafton county, which touches three district office catchment areas. In addition, statewide recruitment that utilizes digital formats such as social media and online banners, radio, newsprint and banners/electronic billboards, have increased statewide awareness of the need for foster care families throughout New Hampshire.

## Race and ethnicity

The 2010 U.S. Census Report<sup>4</sup> found that 93.9 percent of New Hampshire residents were reported to be white. New Hampshire continues to have more cultural diversity in the larger, more metropolitan areas of the State. The Northern, more rural areas of New Hampshire have not yet experienced that type of growth or population change. The United States Census actually showed an overall decline in the population in this area.

### Child Population by Race by County, 2009-2013, 5-year estimate

	TOTAL POPULATION UNDER 18	WHITE	BLACK OR AFRICAN AMERICAN	AMERICAN INDIAN + ALASKA NATIVE	ASIAN	OTHER RACE	TWO OR MORE RACES	HISPANIC OR LATINO ORIGIN	WHITE ALONE, NOT HISPANIC OR LATINO
STATE TOTAL	279,716	90.7%	1.8%	0.2%	2.7%	1.1%	3.5%	5.0%	87.2%

New Hampshire child (Under 18) population by race and Hispanic origin, *Data Source*: U.S. Census 2010

Count of all Involved Youth In Placement at The Start of The FFY Period By Race/Ethnicity						
RACE/ETHNICITY	2015	2016	2017	2018	2019	2020
AIAN	**	**	**	**	**	**
ASIAN	**	**	**	**	**	**
BLACK/AA	37	34	47	56	51	40
HISPANIC	79	99	114	115	98	103
MULTI-RACE	42	46	51	81	71	38
NHPI	**	**	**	**	**	**
OTHER	**	**	**	55	73	71
UNKNOWN	48	39	43	55	52	54
WHITE	686	763	927	1107	1029	851

\*\* are less than 5 or masked to prevent imputation (*Data Source*: Result Oriented Management extracted 3/22/21)

AIAN: American Indian and Alaska Native

NHPI: Native Hawaiian and Pacific Islander

<sup>4</sup> <https://www.census.gov/prod/cen2010/briefs/c2010br-01.pdf>

There has been only minor changes in the race and ethnicity of the Division's children in care over the past five years. Placement data from April 2019 available from *Results Oriented Management* (ROM) reports the following racial-ethnic composition of New Hampshire children in family care. The *Results Oriented Management* data includes "Hispanic" as a selection of race rather than a selection of culture or ethnicity in addition to the child's stated race. This slightly complicates the ability to evaluate the race and culture of children entering care.

CHILDREN IN FAMILY CARE ON 10/31/2020 (ROM)	
RACE OF CHILDREN IN FAMILY CARE	NUMBER
Asian	<5
AIAN	0
Black/AA	26
Multi-race	27
NH/PI	0
Other	73
White	628
Hispanic	80
No data	32

(Data Source: Result Oriented Management extracted 3/22/21)

A 2013 review of licensed resource homes in the State showed that over eleven percent of the resource families were documented as being multi-racial or of a minority background. Less than seven percent of NH's foster families stated that they were Hispanic in 2010. There has been little change in the ethnic make-up of the Division's foster parent pool in the last five years. Of concern is the increase in the number captured as "unknown" and this will be addressed through data entry training

Count of Licensed Primary and Secondary Heads of Household by FFY, License Valid Anytime in FFY Period by Race/Ethnicity					
RACE/ETHNICITY	2016	2017	2018	2019	2020
AIAN	**	**	**		
Asian	**	**	**	7	9

Black/AA	21	18	19	14	21
Hispanic	38	34	48	56	69
Multi-race	9	12	12	6	8
NHPI	**	**	**		
Other	6	8	15	**	**
Unknown	42	44	68	97	99
White	1373	1436	1604	1456	1517

\*\* are less than five or masked to prevent imputation

AIAN: American Indian and Alaska Native

NHPI: Native Hawaiian and Pacific Islander

(Data Source: NH SACWIS extracted 6/17/21)

Several of the Division's private Child Placing Agency/Foster Care Program partners continue to make concerted efforts to recruit resource families in neighborhoods and communities that have a higher percentage of ethnically diverse populations. New Hampshire has a growing population of new Americans who have resettled in the Manchester, Concord, and Nashua neighborhoods. Recruiters have been asked to work with the local community and cultural leaders to explain and support the Division's efforts to maintain children in their home communities whenever possible. The goal has been to develop a number of resource families within these neighborhoods who will intimately understand the language, culture and traditions of the families and children who may become involved with the Division but more work should be done in this area.

## Five-Year Vision and Goals

When the last five-year plan was developed (2014-2019), new priorities coupled with the fiscal restraints necessitated by the State budget had diminished the overall ability to maintain proper focus, on the recruitment and retention of resource families at a Division level. The lack of time and attention to building and maintaining an adequate pool of resources coupled with the increased need to remove children due to parental neglect and substance abuse created a crisis level shortage of available foster families. Thanks to legislative oversight, new leadership and the *Round 3 Child and Family Services Review*, there is now a high level of dedicated attention to the foster care program

Many positive changes have happened in the recent past. A legislative subcommittee heard testimony from foster parents on where the system was not responding to their needs and suggestions on how to improve the system for all. A *Foster Care Children's Bill of Rights* is now in effect, allowing caregivers to make sensible decisions using Reasonable and Prudent Parent

Standards. The Foster Care stipends for general and specialized placements experienced the first substantial increase in over a decade. There is a renewed commitment to improve communication with and response time to the caregivers serving the Division's children. Foster Care Licensing has benefitted from an expansion of the Home Study Unit, streamlining of the licensing process, and legislative support for a uniform foster family fire inspection.

The Division must continue to strengthen its foster care and adoption programs and increase the number and quality of resource families available to children in need of out-of-home care. The Division needs to build a network of homes who are willing and able to provide crisis care, who can provide for sibling groups, who can truly embrace shared parenting with the birth parents and help reunify families. DCYF also needs to find families open to adopting large sibling groups, older youth, and children with special needs. The overall goal is to improve safety and permanency outcomes for vulnerable children in New Hampshire by engaging in a systems change effort to strengthen diligent recruitment.

The principal objectives are to:

- Ensure a system-wide adoption of a best practice customer service model based on the guidance developed by AdoptUSKids that focuses on courtesy, respect and solution-based problem solving with all care providers;
- Develop neighborhood/community collaboration between the local DCYF district offices and its partners to increase the depth of support available to families and resource families and the availability of resource homes;
- Enhance the ability of the Division to identify, recruit, track, assess and support resource families;
- Increase the knowledge and understanding of all care providers on the effects of trauma and better prepare and equip families to provide for these children; and
- Engage in ongoing data collection and analysis of the children in need of placement and the pool and utilization of available families to better inform future recruitment and retention plans.

### Action Plan for the Next Five Years

- Continue the Division's partnership with the current and any future recruitment, retention and technical assistance contractor to work towards enhancing recruitment and retention strategies, increasing media attention for resource homes, offering support for the Division's foster, relative and adoptive parents and assisting to find permanent homes for waiting children;



- Foster Care program began working with Harvard Kennedy School Government Performance Lab with weekly meetings that continued until December 2020. Significant changes have been implemented to include an enhanced excel tracker that captures initial inquiry to issuance of a license, utilizing a LEAN process and follow up on areas of need. These included updated and streamlining of forms, foster family focus groups and surveys, redistribution of workflow, time management techniques, richer utilization of online systems,
- Strengthen the collaboration between all state partners who are involved with the recruitment and retention of foster and adoptive families including Community and Faith-Based Partners, Wendy's Wonderful Kids, AdoptNH and all of the private Child Placing Agencies and continue to jointly host foster care information and recruitment events across the State;
- Support all resource workers for the Division and all licensing workers for agencies providing foster care programs through specialized training for recruitment and marketing. The district offices will be given support and resources in the development of local recruitment and retention plans;
  - Specialized training has been provided for recruitment and retention to resource workers
  - Focus on child specific recruitment support is provided through monthly practice discussions and recruitment consultations
  - Implementation of monthly meetings with supervisors to ensure top down understanding of recruitment and retention strategies, needs and barriers.
  - All licensing staff within DCYF and child placing agencies have been afforded training in the S.A.F.E. (Structured Analytical Family Evaluation) home study process.
  - A home study unit position was reallocated specifically to support the local district offices with the development and execution of local recruitment and retention plans
  - Budgeting has increased to allow for updated infrastructure and manage the cost of recruitment and retention campaigns.
  - Statewide recruitment efforts have increased by partnering with local businesses.
  - DeLoitte Consulting has provided the Foster Care program google analytics data to assist with targeted recruitment information.
  - Research has been conducted seeking a database management system specific to foster care licensing and child placement matches.
- Work closely with the Public Information Office to utilize the various news and social media outlets available to enhance public awareness of the Foster Care Program along with the Division's recruitment and retention efforts;

- Public Information Office assists in creating in unified recruitment and retention message to the community, utilizing social media, print news, and webbased awareness campaigns.
- Public service announcements (PSA) are being developed with a national business leader, Comcast, to promote the need for foster care.
- Continue the child specific efforts to recruit permanent families for New Hampshire's current Waiting Children and ensure that youth exiting foster care receive the support, information, resources and life-long connections they need to reach their potential as young adults;
  - Training has been provided to field staff to better utilize LexisNexis – Accurint search engine.
  - Monthly child specific recruitment consult meetings that include all Resource workers from DCYF and child placing agencies have been instituted. (2021 Update: For 2021, this has ended and the time has been reallocated to training RW staff)
- Review the current expectations and responsibilities of Individual Service Option (ISO) Foster Care in comparison to the original guidelines. Revisions will be suggested to ensure that the agencies can continue to offer quality programs and that the Division is making the best use of this service.
  - Annual audits of ISO programming is conducted. Focus group that included all ISO providers was held.
- Further exploration and efforts will be made to restore Therapeutic Foster Care and Assessment Foster Care as placement options for children and youth.
  - The work has begin to restore NH with a Therapeutic Foster Care option for youth, particularly targeting youth who are in or would have been placed in congregate care.
- Continue to support relative caregivers through licensing waivers for non-safety related requirements, referrals to community-based supports and training;
  - A community resource guide specific to relatives has been updated. This was a collaboration between DHHS and many community partners.
  - In process of developing a modified foster care licensing procedure specific to relative and fictive kin caregivers to be licensed foster parents.
- Continue to work with the State Fire Marshall to roll out a uniform fire inspection process throughout the State;

This has been completed. NH RSA **170-E:28** was adopted on August 6, 2019. Foster Care Licensing Standards have been updated through Administrative Rule He-C 6446, effective June 16, 2020, to reflect the new law. Practice Guidance has been in effect during the past year, pending the adoption of this rule.

DCYF worked with the Fire Marshall's office over the past year to ensure that local fire officials and resource workers have the information they need to conduct inspections uniformly throughout the state. Forms are available and were distributed on June 16, 2020.

Create a forum to bring the leadership of all the local foster and adoptive parent support groups and associations together with NHFAPA to discuss common concerns and common goals. From this larger group, a smaller coalition or oversight group will be selected to work with the Division on recruitment and retention plans and initiatives.

- Encourage local foster parent “champions” to continue their efforts to help recruit new families by offering support and resources.
  - “Foster Love” has assisted local district offices by organizing recruitment events.
- Support all foster families through individualized training plans and supervision as they engage more closely with birth parents and develop a better understanding of the importance of family connections for all children;
- Explore the creation of a formal peer-to-peer mentoring or advocacy program in the foster parent community
- Work closely with the Parent Partner Program to continue to facilitate the *Better Together with Birth and Foster Parents Workshop* training and incorporate the methodology into ongoing training to support working relationships between foster and birth parents;
  - Program Specialist - Foster Care Support Specialist was created specifically to help bridge the gap between birth and foster parents and support recruitment and retention efforts, as well as work with field staff to enhance best practice with developing a more sophisticated understanding of the importance supporting foster families.
- Provide additional resources and training to all families and providers to better understand the effects of trauma on children and families and to ensure the coordination of community-based care; and
  - Trust Based Relational Interventions (TBRI) is a therapeutic model that trains caregivers to provide effective support and treatment for at-risk children. **TBRI** has been applied in orphanages, courts, residential treatment facilities, group homes, foster and adoptive homes, churches, and schools. All foster families are encouraged to take this training and it is offered throughout the year through DCYF training parter.

- Specific training related to understanding the effects of trauma on children and families is offered to all licensed and field staff through our training partner.
- Work in partnership with the Bureau of Organizational Learning and Quality Improvement and the Bureau of Information Systems to develop efficient systems to track and analyze Division foster care and adoption data.

## Health Care Oversight and Coordination Plan

### 2021 Updates

- In the most recent budget, DCYF received funding for 15 additional nurse consulting positions. This will ensure a nurse consultant for each of the Department's district offices, with the Concord, Manchester, and Southern district offices having two nurse consultants. The capacity to provide oversight and management of children's overall healthcare needs will increase exponentially when all Nurse Consultants positions are filled. This will provide for better tracking and individualized care coordination for children to ensure they are receiving the required and essential health care they need. Six nurse consultant positions have been posted and three have been filled. Two applicants are currently being considered for the Southern and Seacoast DO positions. Three Program Manager positions have been allocated in addition to the 14 district office positions for a total of 17. One program manager position has been filled and two are pending.
- There is ongoing collaboration with CWEP to develop and finalized Core training for new nurses being hired. New nurses will be required to participate in identified trainings specific to their role. A Foster Care Health Program manual was developed to assist new nurses with guidance on performing their responsibilities. The manual will be available to all field staff, with the understanding oversight of children's healthcare is a shared responsibility. Policy, forms, letters and other tools are being updated to improve efficiency for coordination of care. The health care planning policy is under revision in order to be consistent with current practice.
- Foster Care Health Program Nurse Consultants conduct a preliminary medication review when questions arise regarding a child's behavioral health medication treatment plan. A psychiatrist through Dartmouth Hitchcock is available to the nurses for 10 hours/week for consultation regarding the use of psychotropic medications. Other DCYF staff have access to the psychiatrist by request through the nurse consultants. The Nurse Consultants may request a review by a pediatric psychiatrist with the assigned Medicaid Managed Care Company if necessary.
- An outreach and consultation meeting was held with the State of NJ DCF to improve NH's DCYF process of behavioral health medication monitoring and oversight. NJ was chosen due to its similar model of Nurse Consultants working with CPS field staff. Medication monitoring will continue to be explored with New Jersey. A site visit to NJ was planned and cancelled due to the Covid-19 pandemic restrictions for travel. Rescheduling this site visit will allow NH DCYF to understand their policies and processes for: 1) their monitoring and consent process for using psych meds for kids in DCYF care, 2) tools they use for monitoring, 3) seeking consultation from a psychiatrist. NJ has sent some materials to NH to review in preparation

for revising NH's medication monitoring policy. The capacity for oversight of the use of psych meds will also significantly increase with nurses in the DOs.

- Nurse Consultants are working with Managed Care Companies to receive child specific pharmacy reports confirming children's current behavioral medications. The reports will give Nurse Consultants the capability of identifying instances of poly-pharmacy, increased use of off-label medications, and prescribing practice that falls outside of accepted pediatric psychiatry standards of care. There will be more capacity to monitor these reports with additional nurse consultants.

## Disaster Plan

In alignment with the requirement for a Disaster Plan in SSA Section 422(b)(16), the Division for Children, Youth and Families maintains a Continuity of Operations Plan and an [Incident Response Guide](#). These plans have remained unchanged since the submission of the 2020-2024 CFSP. The State of New Hampshire declared a State of Emergency due to the COVID-19 pandemic in March of 2020 that is still in effect. The Division has identified updated staff names and positions through the implementation of the Incident Response Guide and the Continuity of Operations (COOP) Plan. The personnel information has been tracked for execution in the next official versions to be updated after we consider lessons learned upon cessation of the State of Emergency.

### Implementing the Responsive Capacity

In March of 2020, the State of New Hampshire declared a State of Emergency due to the COVID-19 Pandemic. Presently, the Division for Children, Youth and Families remains in an active State of Emergency. Although not specific to pandemic matters, the strategies in the Division's disaster plan documents the actions necessary for staff deployment to remote work and the focus on maintaining the mission essential functions as a priority, and have supported the successful continuity of child welfare functions during the pandemic. The Division's Administration stood up a communication infrastructure early and adjusted frequency and participants in communications as the situation stabilized. As unforeseen effects arose the core continuity team, who meets weekly through an ongoing administrative structure, was able to make decisions and enact temporary practices and opportunities to support the needs of staff and families.

The Department of Health and Human Services' capacity for staff to work via remote access remains the same as described in the 2020-2024 CFSP through the use of iPhones, laptops, VPN access, and approved communication applications. DHHS has implemented the use of Microsoft Teams during the winter of 2020-21 as a newer communication platform for calls, instant messaging, and video conferencing.

DCYF has continued to collaborate with partners including the Division of Public Health Services and Administration for Children and Families in providing pandemic specific directions to staff and stakeholders and using modified practices. These include the distribution of personal protective equipment when in the communities and video conferencing as a viable substitute for face-to-face visits when there is no imminent concerns for danger or risk.

The Division is collaborating with stakeholders to maintain communication on each entity's efforts during the pandemic. All of the courts in New Hampshire are still open and operating. Most, but not all hearings are being conducted remotely either through conference call or WebEx. For hearings being conducted in person, the court's have limited access and have implemented social

distancing. The determinations whether in-person hearings will occur are being made on a case-by-case basis.

The Division's Continuity Team is beginning to identify the short-term and long-term activities that will transition staff to a "new norm" after the State of Emergency ends. These discussions are currently focused on increasing staff presence within offices and identifying what offices should look like going forward to consider the benefits of remote staff locations. The Department of Health and Human Services reopened offices effective May 10<sup>th</sup>, 2021 and defined a schedule for increasing rates of onsite staffing for the month of May, to support offices in reaching full staff capacity by June 1, 2021. Concurrently, Supervisors have been provided tools to assess the "best-fit" work environments for their units and how to formalize ongoing remote/hybrid opportunities for staff when appropriate.

The Division is anticipating that the resumption of normal operating procedures will continue with planned transitions of one aspect of work at a time with periods of monitoring. When the State of Emergency has cleared, the Division will engage staff and stakeholders to complete an after action assessment of the implementation of the plans and strategize updates to support the efficiency and effectiveness of the documents.



## Training Plan

### Summary

This appendix will serve as an update to the 2020-2024 training plan. Although no major deviations to training deliverables will be noted, adjustments to various timeframes and delivery methods will be evident across many areas of professional development. Due to COVID-19, many adjustments were made in order to ensure that those participating in DCYF's pre-service training would continue to graduate in a timely fashion. The critical need to meet the pre-service training requirements of those already in Core Academy was compounded by the need to prepare for an influx of new hires anticipated in July 2020. The training team met the challenge and transitioned all in person training offerings to opportunities that would be delivered on-line over various platforms.

### Workforce and Professional Development

DCYF continues to collaborate with an array of internal and external organizations across the state. Most notably, during FY 2020, DCYF has continued its partnerships with colleges and universities for various projects. DCYF continued to support the University of New Hampshire and Plymouth State University by providing IV-E internships for their social work programs. In addition, DCYF supports other higher education organizations throughout the state by providing their students with internship placements across all areas of the organization including Child Protection, Juvenile Probation, SYSC and state office.

DCYF continues to partner with the University of New Hampshire on evaluations. In addition to the annual Staff Retention Survey that evaluates DCYF staff retention rates, UNH provides additional research upon request. This year, DCYF has asked UNH to evaluate data from past Staff Retention Surveys, DCYF Exit Interviews and DCYF's Safety Culture Survey in an effort to identify trends and meanings behind these trends.

### On-going Training

#### **SUPERVISOR CORE**

Please see: [\*Section II: Systemic Factors, Item 27 Ongoing Staff Training\*](#)

#### **BETTER TOGETHER WITH BIRTH PARENTS (BTBP)**

During FY 2021, Better Together with Birth Parents (BTBP) was delivered regularly to new staff as a component of Core Academy. Additionally, it was offered to foster and adoptive parents and

other DCYF staff members as an on-going/advance training. Due to the social distancing guidelines that resulted from COVID-19, BTBP was revised to be held remotely, and since then has been held on an ongoing basis each month. The plan is to return to in person BTBP session in the fall. The team is also holding Better Together Round Tables as a follow up to the remote sessions.

### CONFERENCES

DCYF typically encourages its staff to participate in the valuable professional development opportunities that various conferences provide. During the first half of FY2020 and FY2021, staff attended many conferences, however, due to COVID-19, staff members have been unable to attend conferences in person. Although we have been encouraging staff members to participate in virtual and web-based conferences and trainings, we look forward to resuming normal operations that will again provide these opportunities for staff members. Much of the funding that had been allocated for conference attendance will be carried over into FY2021.

The 2021 DCYF Conference was held remotely, which allowed for 60 workshops to be held, which allowed for a greater amount of variety in course topics and additional workshop sessions. There were almost 900 registrants with nearly 700 attendees. There were a lot of very positive feedback about the online conferences and the ability to review trainings after the conference. There was a lot of positive praise offered about the content of individual workshops. Staff reported they loved being able to log on to workshops, without having to committ to being out of the office for a full day, or two. There was feedback about having one day in person, and the rest remotely. This feedback will be taken into consideration when designing future conferences.

### Current Training System for Staff

#### PRE-SERVICE TRAINING (CORE ACADEMY)

DCYF continues to offer Core Academy as its pre-service training model for Child Protection, Juvenile Probation and SYSC. Staff members across all three areas of DCYF train side by side in many classes, while some classes are specific to staff members' area of service. In FY20, enhancements were made to Core Academy and then, with the restrictions put in place because of COVID-19, a major revision in the delivery of all DCYF trainings was implemented starting with all Core Academy courses being moved to an online, Moodle Platform. This was then followed up the traansfer of all Specialized and Ongoing trainings being moved to the Moodle Platform. For more information, please see: [\*Section II Systemic Factors, Item 26 Initial Staff Training\*](#)

Training For Foster/Adoptive Parents, Relative Caregivers And Residential Care Providers

***PRE-SERVICE TRAINING***

During FY2020 the curricula for all Foster and Adoptive Care Essentials (FACEs) modules were updated. Over the last year, all FACEs trainings were also transferred and delivered on-line over the Moodle platform. Consistent with staff training, Foster and Adoptive Care Essentials (FACEs), the pre-service training offered to foster and adoptive parents, has been offered exclusively on-line since COVID-19.

In addition to FACEs training modules, foster and adoptive Orientation and Regulations were also updated and put into the Moodle platform. DCYF staff members have historically trained these modules and the training team will be working with DCYF in an effort to identify trainers and build their capacity to provide effective on-line trainings.

For more information, please see: [\*Section II Systemic Factors, Item 28 Initial Provider Training\*](#)

***CONTINUOUS QUALITY IMPROVEMENT (CQI)***

Although CWEP had designed a system to promote continuous quality improvement (CQI) for both staff and foster/adoptive parent trainings, further development will be necessary. In order to develop a robust CQI system, a project plan has been developed that will address CQI from a transfer of learning standpoint as well as from an instructor effectiveness standpoint. To execute this project, a multidisciplinary team from CWEP and DCYF has been identified and began meeting regularly in the summer of 2020.

For more information, please see: [\*Section II Systemic Factors, Item 27 Staff Training Evaluation\*](#)

# APPENDIX

## Attachment B: CFS-101, Part I

CFS-101, Part I  
U. S. Department of Health and Human Services  
Administration for Children and Families

Attachment B  
CMB Approval #0570-0426  
Approved through 05/30/2023

**CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CHAFEE, and ETV and Reallocation for Current Federal Fiscal Year Funding**  
The Federal Fiscal Year 2022: October 1, 2021 through September 30, 2022

1. Name of State or Indian Tribal Organization and Department/Division: New Hampshire		3. EIN: 1-028000818-83		
2. Address: NH Department of Health & Human Services, Division for Children, Youth and Families 129 Pleasant Street, Concord, NH 03301		4. DUNS: 1042646		
a) Email address for grant award notices: michaela.jones@dhhs.nh.gov; rebecca.l.jordan@dhhs.nh.gov		5. Submission Type: (select one) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> RECONTRACT		
<b>REQUEST FOR FUNDING for FY 2022:</b> The annual budget request demonstrates a grantee's application for funding under each program and provides estimates on the planned use of funds. Final placements will be determined by formula. (Exclude all numbers, no formulas or formulas cells.)				
6. Requested title IV-B Subpart 1, Child Welfare Services (CWS) funds:		\$878,917		
a) Sub. administrative costs (not to exceed 10% of the CWS request)		\$87,892		
7. Requested title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds and estimated expenditures:		\$887,782		
a) Family Preservation Services		34.0% \$117,558		
b) Family Support Services		26.0% \$117,558		
c) Family Reconciliation Services		20.0% \$117,558		
d) Adoption, Promotion and Support Services		20.0% \$117,558		
e) Other Service Related Activities (e.g. parenting)		18.0% \$155,802		
f) Administrative costs		2.0% \$11,756		
STATES ONLY: not to exceed 10% of the PSSF request. TRIBES ONLY: not maximum 4%.				
g. Total itemized request for title IV-B Subpart 2 funds:		\$887,782		
NO ENTRY: Displays the sum of lines 7a-f.		100.0%		
8. Requested Monthly Caseworker Visit (MCV) funds (STATES ONLY)		\$37,090		
a) Total caseworker visits (not to exceed 10% of MCV request)		\$3,709		
9. Requested Child Abuse Prevention and Treatment Act (CAPTA) State Grant (STATES ONLY)		\$364,074		
10. Requested John H. Chafee Foster Care Program for Successful Transition to Adulthood:		\$500,000		
a) Indicate the amount to be spent on room and board for eligible youth (not to exceed 30% of Chafee request).		\$40,000		
11. Requested Education and Training Voucher (ETV) funds:		\$140,133		
<b>REALLOTMENT REQUEST(S) for FY 2021:</b> Complete this section for adjustments to current year awarded funding levels. This section should be blank for any "NEW" submission.				
12. Identification of Surplus for Reallocation:				
a) Indicate the amount of the State's/Tribe's FY 2021 allocation that will not be utilized for the following programs:				
CWS	PSSF	MCV (States only)	Chafee Program	ETV Program
\$0	\$0	\$0	\$0	\$0
13. Request for additional funds in the current fiscal year (could be having available for re-allocation):				
CWS	PSSF	MCV (States only)	Chafee Program	ETV Program
\$0	\$0	\$0	\$0	\$0
14. Certification by State Agency and/or Indian Tribal Organization: The State agency or Indian Tribal Organization submits the above data and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, Chafee and MCV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.				
Signature of State/Tribal Agency Official			Signature of Federal Children's Bureau Official	
Joseph E. Ribeiro, Jr. Title Director/DCYF			Title	
Date June 29, 2021			Date	

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## Attachment B: CFS-101, Part II,

SERVICES/ACTIVITIES	(A) IV-B Subpart 1- CWS	(B) IV-B Subpart 2- PSSV	(C) IV-B Subpart 2- MCCV	(D) CAPTA	(E) CHAFEE	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL, TRIBAL, & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served	(L) Geog. Area To Be Served
1.) PROTECTIVE SERVICES	\$ 28,146			\$ 152,231				\$ -	18,850	5,850	Family and JUVENILE JUSTICE SUPPORT	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ 62,835	\$ 117,595		\$ 88,395				\$ -	16,600	5,200	Family and JUVENILE JUSTICE SUPPORT	Statewide
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ 24,436	\$ 117,595		\$ 63,279				\$ -	25,600	11,000	Family and JUVENILE JUSTICE SUPPORT	Statewide
4.) FAMILY REUNIFICATION SERVICES	\$ 133,701	\$ 117,595		\$ 50,578				\$ -	21,000	7,500	Family and JUVENILE JUSTICE SUPPORT	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ 175,673	\$ 117,595						\$ -	2,000	2,500	Family and JUVENILE JUSTICE SUPPORT	Statewide
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	\$ -	\$ 105,362						\$ -	23,000	11,000	Family and JUVENILE JUSTICE SUPPORT	Statewide
7.) FOSTER CARE MAINTENANCE: (a) FOSTER FAMILY & RELATIVE FOSTER CARE (b) GROUP HOME CARE	\$ 242,774						\$ 357,457	\$ 357,457	900	900	Child in Foster Care	Statewide
8.) ADOPTION SUBSIDY PAYMENTS	\$ -						\$ 2,734,279	\$ 2,734,279	250	250	Child in Group Care	Statewide
9.) FOSTER CARE ASSISTANCE PAYMENTS	\$ -						\$ 2,874,766	\$ 2,874,766	900	350	Child in Foster Care	Statewide
10.) INDEPENDENT LIVING SERVICES	\$ -				\$ 500,000		\$ -	\$ -	500	500	Child in Foster Care	Statewide
11.) EDUCATION AND TRAINING VOUCHERS	\$ -				\$ -	\$ 149,130	\$ -	\$ -	75	0	Child in Foster Care	Statewide
12.) ADMINISTRATIVE COSTS	\$ 87,961	\$ 11,736	\$ 3,709				\$ 8,261,029	\$ 8,261,029				
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ 350,648	\$ 116,680				
14.) ADOPTIVE CARE RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ 350,648	\$ 116,680				
15.) CHILD CARE RELATED TO CAREGIVER TRAINING	\$ -						\$ -	\$ -				
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -		\$ -	\$ -	\$ -	\$ 2,009,420	\$ 1,806,747				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ 74,132	\$ -	\$ 32,341				\$ -	\$ -				
18.) TOTAL	\$ 649,617	\$ 687,782	\$ 37,069	\$ 334,274	\$ 500,000	\$ 149,130	\$ 18,047,514	\$ 14,125,009				
19.) TOTALS FROM PART I	\$879,617	\$587,782	\$37,069	\$334,274	\$500,000	\$149,130						
20.) Difference (Part I - Part II)	\$230,000	\$111,716	\$0.00	\$0.00	\$0.00	\$0.00						
(If there is an amount other than \$0.00 in Row 20, adjust amount on either Part I or Part II. A red value in parentheses (\$) means Part II exceeds required)												
21.) Population data required in columns I - L can be found:												



## Attachment B: CFS-101, Part III

CFS-101, Part III  
U.S. Department of Health and Human Services  
Administration for Children and Families

Attachment B  
CFS Approved 03/20/2021  
Revised through 09/03/2021

**CFS-101, PART III: Annual Expenditures for Title IV-E, Subparts 1 and 2, Chafee Program, and Education And Training Voucher**  
**Reporting on Expenditure Period For Federal Fiscal Year 2019 Grants: October 1, 2018 through September 30, 2020**

1. Name of State or Indian Tribal Organization:		2. Address:		3. EIN: 1-026100618-03	
New Hampshire		NH Department of Health & Human Services, Division for Children, Youth and Families		4. DUNS: 11040545	
5. Submission Type (select one) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION		129 Pleasant Street, Concord, NH 03301			
Description of Funds	(A) Actual Expenditures for FY 19 Grants	(B) Number Individuals served	(C) Number Families served	(D) Population served	(E) Geographic area served
6. Total title IV-E, subpart 1 (CWS) funds:	\$ 817,762	40,500	13,500	Eligible Funds	Eligible
a) Administrative Costs (not to exceed 15% of CWS allotment)	\$ 52,054				
7. Total title IV-E, subpart 2 (PSSF) funds:	\$ 337,561	40,500	13,500	Eligible Funds	Eligible
i) Similar amounts for Estimated and Actuals, or complete full					
a) Family Preservation Services	\$ 87,512				
b) Family Support Services	\$ 87,512				
c) Family Reunification Services	\$ 87,512				
d) Adoption Promotion and Support Services	\$ 87,512				
e) Other Service Related Activities (e.g. planning)	\$ 85,716				
f) Administrative Costs	\$ 797				
(FOR STATES: not to exceed 10% of PSSF allotment)					
8. Total title IV-E, subpart 2 funds:	\$ 337,561				
NO ENTRY: This line displays the sum of lines a-f.					
9. Total Monthly Caseworker Visit funds (STATES ONLY)	\$ 37,225				
a) Administrative Costs (not to exceed 10% of MCF allotment)	\$ -				
9. Total Chafee Program for Successful Transition to Adulthood Program (CISAP) funds (optional)	\$ 444,950				
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of Chafee allotment)	\$ 56,662				
10. Total Education and Training Voucher (ETV) funds (optional)	\$ 39,533				
11. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan, which was jointly developed with, and approved by, the Children's Bureau.					
Signature of State/Tribal Agency Official		Signature of Federal Children's Bureau Official			
Title	Date	Title	Date		
Director, DCVF	6/28/2021				

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## Attachment E: Annual Reporting of Education and Training Vouchers Awarded

Name of State/ Tribe: New Hampshire

	Total ETVs Awarded	Number of New ETVs
<u>Final Number: 2019-2020 School Year</u> (July 1, 2019 to June 30, 2020)	12	7
<b>2020-2021 School Year*</b> (July 1, 2020 to June 30, 2021)	20	13